this

72 hours after death. After

director, the third copy

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10655 CERTIFICATE OF DEATH

Don F	Dist. No	80	
			111
OF DECEA		7	
Olasi	Carrol	1	_ '
URAL and give	neerest town)		
or		X	
ural give locati	ion)	1	
•			
(Month)	(Day)	(Yaar)	
H No	v. 28,	1955	
day   IF UN	NDER 1 YEAR	IF UNDER 24 HE	S.
yrs. Mont	hs Days	Hours   Min	
	12. CITIZEN	OF WHAT	_
	U.S	•	
		110	
nder.	New W	indsor	
	INTER	VAL BETWEEN	=
	1 4	T AND DEATH	
		9no-0 -	-
	17	1/2 y	
		2/2 41	1
		1	
			-
		AUTOPSY?	-
	YES	NO NO	-
51	Countrel	(Chain)	

Maryland

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carroll MARYLAND	state aryland county Carr	oll
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give neerest to	own)
OR end give nearest town)  OR Windsor  OR (in this place)  Years	TOWN New Windsor	= 4
HOSPITAL OR	STREET (If rural give location)	X
INSTITUTION OR	ADDRESS	1
Girdi Sir So	Church St.	•
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Da	
	ALEXANDER DEATH NOV. 2	8, 1,55
	E OF BIRTH 9. AGE lest birthday   IF UNDER 1 YE	AR JIF UNDER 24 HRS.
female white married 3/2	26/1908 47 yrs. Months Da	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS		TIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY	CC	OLINTRY?
retired housekeeper at home		.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William H. Green	Anna Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	i'd.
(Yes, no, or unk.) (If Yes, give war or dates of service) 211-28-0181	+ Talbot A. Alexander, New	Windson.
18. MEDICAL C		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
153 MAMEDIATE CAUSE (A) ar curon	2103,6	10 9000 -
ANTECEDENT CAUSE(S) DUE TO		- 11
DISEASES OR CONDITIONS, IF ANY, BI	- 7 Calon	11/2 417
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		7-7-
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
199. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	,	
the 1933   Xarenone Cu	( MX )	20. AUTOPSY?
		YES NO NO
21a. ACCIDENT WAS UNDERLYING   '21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office, bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	
21a. ACCIDENT WAS UNDERLYING ☐ '21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	YES NO NO
21a. ACCIDENT WAS UNDERLYING   '21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while		YES NO K
21a. ACCIDENT WAS UNDERLYING     121b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)   (IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21a. INJURY OCCURED While at work   at work   at work	21c. WHERE DID INJURY OCCUR? (City or lown) (County)  21f. HOW DID INJURY OCCUR?	YES NO S
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While at work at work at work   22a. 1 hereby certify that I attended the deceased from   22a.	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  1953, to 2007. 7.8, 1955., that I last	YES NO (Stata)
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While at work at work at work   22a. 1 hereby certify that 1 attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  1953, to 2007. 7.8, 1955., that I last	YES NO (Stata)
21a. ACCIDENT WAS UNDERLYING     121b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)   (IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21a. INJURY OCCURED While at work   at work   at work	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  1953, to 2007. 7.8, 1955., that I last	YES NO (Stata)
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF CONTRIBUTING   CAUSE OF DEFATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY [Month] (Day) (Yeer) [Hour] 21a. INJURY OCCURRED While of work at work at work at work at work at work at all wor	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  195.3., to 25., 195.5., that I last at 11. 19M, Arent the causes and on the date stated at ADDRESS (Strest, city, town, state)	YES NO (Stata)  saw the deceased pove.
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY [Month] (Day) (Yeer) [Hour] 21a. INJURY OCCURRED While Not white at work   22. I hereby certify that I attended the deceased from alive on	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  1953, to 21co 25, 1955, that I last at 11.2 +OM, Arem the causes and on the date stated at ADDRESS (Street, city, town, state)	YES NO (Stata)  saw the deceased pove.
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF CONTRIBUTING   CAUSE OF DEFATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY [Month] (Day) (Yeer) [Hour] 21a. INJURY OCCURRED While Not white at work at street, office bidg., etc.)  22. I heraby certify that I attended the deceased from alive on 187. 24, 19.5, and that death occurred SIGNATURE  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  24. DATE THEREOF NAME OF CEMETERY	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  19.3., to 10.7.5., 19.5., that I last at 11.1. 10. 10. 10. 10. 10. 10. 10. 10. 1	saw the deceased ove.  DATE BIGNED  (State)
21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while of work at work at work at work at work as	21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  1953, to 2007, 1955, that I last at 11.1.40M. Arent the causes and on the date stated at ADDRESS (Street, city, town, state)	saw the deceased cove.  DATE SIGNED  (Stota)

AT THE STATE STATE SO THAT HAVE STATE SHAPES AND

# THE SECRETIFICATE OF DEATH

BUREAU V. S.

DEC 5 13.E

BECEINED

Total or Control of the

etter cumer ties

hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC LAS 10M

# INSTRUCTION

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10656CERTIFICATE OF DEATH

10660

Reg. Dist. No. 74

1. PLACE OF DRATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Balt	to.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nea	arest fown)
X OR and give nearest town)  Sykesville, Maryland 3yrs, 8mos.	OR TOWN Dickeyville	×
HOSPITAL OR	STREET (If rure! give locetion)	1
5 STREET ADDRESS Springfield State Hospital	2301 Tubker Avenue	
3. NAME OF (first) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)
DECEASED	derson DEATH 11	14 19 55
S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	F BIRTH 9. AGE last birthdey   IF UNDER	R 1 YEAR   IF UNDER 24 HRS.
	29. 1872 83 yrs. Months	Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
done during most of working life, even if or INDUSTRY refired)	Frederick, Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Obnove
	THE THE THE TANKS OF THE TANKS	
Thomas James Staufer	Annie Browner	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, ng, or unit.) (H Yes, give wer or dates of service)	17. INFORMANT & ADDRESS	
GALA.	Hospital records	
A DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4620.1		-
IMMEDIATE CAUSE (A) COTONATY OCC	usion	15 mins.
ANTECEDENT CAUSE(S) DUE TO		E ma
DISEASES OR CONDITIONS, IF ANY, (B) Chronic myor	A FOLULS	5 yrs.
CTATING UNDERLYING CAUSE LAST DUE TO		
(C) Genera 1120	d arterioscleresis	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
196. DATE OF OPERATION I 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	stages.	
21d. TIME OF (NJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	2H. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from	1053 to 11-11-1 10 55 that I	Inst saw the elecanoni
alive on11-13-, 1955, and that death occurred at.		
SIGNATURE	ADDRESS (Street, city, town, stells)	DATE SIGNED
121 12 121 4- 62 11		
23. BORIAL CREMATION I DATE THEREOF I NAME OF CEMETERY OR	cringfield Hospital, Sykesville	e, Ma. 11-14-
23. BORIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	LOCATION ICHY, TOWN, OF EDUNY	(Stere)
Burial 11-16-55 porrain		n. Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE /	25. FUNERAL DIRECTOR'S SIGNATURE	AODRESS (
DATE HOW 14, 1955 P. Harry Will	of Howard More year 14	V. Thellow
The last of Control of Control	The state of the s	100
	0 734	LET.

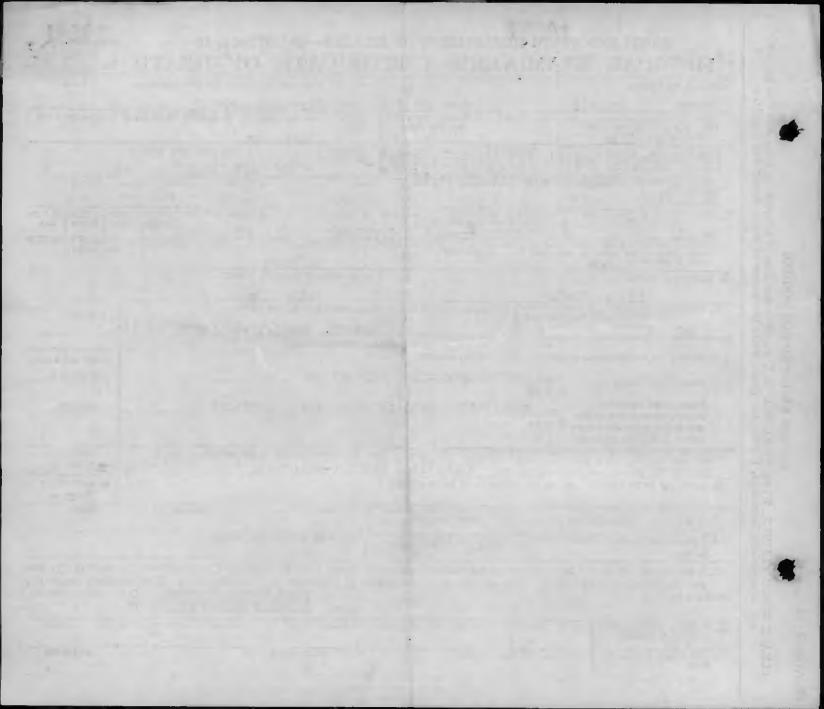
MARYTHAN STATE DEPARTMENT OF MEALTH-MALTHMORE. IN INTERESTRICATE OF DEATH BALL STOR HERPERE STREET WILLIAM A SANGELING AND TO Tarriet North Commence in terrinos te museo all the special carriers. a Physical control of the Christian III. ALTANIA FOR A ALTAN A STATE OF THE PARTY OF THE PAR

************	106	57	. 0.17	HEALTH-BALTIMORE,	40
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

Reg. 9561

MEDICAL EXAMINER'S CERTIFICATE OF DI	AL EXAMINER'S	CERTIFICATE	$\mathbf{OF}$	DEATH
--------------------------------------	---------------	-------------	---------------	-------

MEDICAL BARRANTIAN S CERT	THE OF BEATER NO.
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)  YOWN Sykesville  LENGTH OF STAY (in this place)  Minutes *	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Raltimore
HOSPITAL OR Spout Hill, Sykesville - Patient INSTITUTION OR was boarding in Foster Care on STREET ADDRESS arole status since 3/11/46; she	STREET (If rural, give location) ADDRESS 527 East Clement Street
3. NAME OF WAS AUTHORITED HETE 11/(Middle) 20/40	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 11/ 27 1955
Female W WIDOWED, DIVORCED, (Specify): Divorced 12	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  2/21/08 Prs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): NOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Baltimore USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Bosley	Daisy Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Record. Springfield State Hospital
	AL CERTIFICATION INTERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
TO THE DEATH BUT NOT RELATED TO THE CHRONIC RELATED TO THE DEATH BUT NOT RELATED TO THE SYPHILITIES IN THE DISEASE OR CONDITION CAUSING DEATH. SYPHILITIES IN	prain syndrome associated with known meningo-encephalitis with psychosistince 1945
198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION;	26. AUTOPSY? Yest No
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.	
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while injury M. Wear at work	21f. HOW DID INJURY OCCUR?
	ded above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause .  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  YOR CREMATORY   LOCATION (City, town, or county) (State)
Burial Dec. 1.55 Loudon Par	k Baltimore, Md.
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE REG.	JOHN F. DENNY, INC. 715 Light St.



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10658 CERTIFICATE OF DEATH

Reg. Dist. No......

I. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED	
COUNTY Carroll	MARYLAND	STATE Marylan	d COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (II outside corpore	te limits, write RURAL an	d give nearest town)	
X TOWN Sykesville	9month lday	TOWN Baltimo	ro (21)		301.4
HOSPITAL OR	1 MORITOR LOCK	STREET	(If rural give	locetion)	
15 INSTITUTION OR STREET ADDRESS	** ** ** **	ADDRESS	10 00 00		1
3. NAME OF (first)	P Fospital	(kast) 3 1 (1)/1 (1	Donnell St		(Yeer)
DECEASED	(widde)	(resi)	OF		
(Type or Print) SARAH	FILA	REALL	DEATH ]	As all the	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARK	IED, 8, DATE (	OF BIRTH 9.	AGE lest birthday	Months   Days	IF UNDER 24 HRS.
Female White (Specify) Wic	lowed 5-27	-69	86 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b, Kit	ND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)		N OF WHAT
done during most of working life, even if refired) Housewife	RINDUSTRY	W3		COUN	
13. FATHER'S NAME		Maryland	LMF	Uas	S.A
15. PATHER S PARIE		14. MOTHER 3 MONDERS TO	Zivir.		
Samuel Ryan			illa Turner	-	
	5. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, np. or unk.) (If Yes, give wer or dates of service)		Hospital	records		
	18. MEDICAL CE			INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONS	DEL VUO DEVIU
002 XIMMEDIATE CAUSE (A) MY	ocardial Infar	ction		2	devs
ANTECEDENT CAUSE(S) DUE TO					
	<u>teriosclerotic</u>	Heart Disease		Y	ears
STATING UNDERLYING CAUSE LAST. DUE TO					
		lung - far adva			nknown
TO THE DEATH BUT NOT RELATED TO THE	assoc. with d	listurbance of m	etabolism.	growth	30
DISEASE OR CONDITION CAUSING DEATH, OF MULT	ition. With se	<u>nile brain dise</u>	ase with r	svehetic	
198. DATE OF OPERATION 196. MAJOR FINDINGS	of OPERATION rea	ction.			NO M
210, ACCIDENT WAS UNDERLYING   216. PLACE (Hom	a farm factors	21c, WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,				(504117)	(01-7-)
Whi	INURY OCCURRED  Not white  et work	21f. HOW DID INJURY OCCUR!			
22. I hereby certify that I attended the dece	ased from 2-17	19.55 , to 11	-18 , 19 55	, that I last say	w the deceased
alive on 11-17 19 55 and	I that death occurred a	t. 3:00AM, from the ca	uses and on the d	ate stated abov	·o.
SIGNATURE	1.0.01	ADDR	ESS (Street, city, town	ı, stele) I	DATE SIGNED
Walther It Journey	Mach M.D. ST	ringfield state	Hosp St	desville	77-78
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fown	, or county)	(Stela)
Burial 11/21/55	Baltimore	Cem.	Bal tim		Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	d	25. FUNERAL DIRECTOR'S S		ADDRESS	
DATE	Weer.	John A. Mo	ran 3000	E. Balt	o. St.

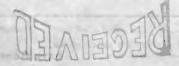
NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copyl of this death certificate assembly should be detached for use as a burial transit permit.

# THUSE CERTIFICATE OF DEATH

BUREAU V. S.

9551 33 AON



BY.

11/21/55 | eltimore Jam.

eronttie.

John A. Moren 2000 B. Malto. St.

INSTRUCTIONS

this this

10663

# 10659 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Carroll	Maryland Carroll
COUNTY	STATE COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town). ((a_this place)	CITY (Il outside corporate fimits, write RURAL end give nearest town) OR
X TOWN rural Westminster (in this piece)	Town rural Westminster X
HOSPITAL OR INSTITUTION OR TO A MARKET AND A	STREET (If rural give location)
STREET ADDRESS R 4 Mexico	ADDRESS R 4 Mexico
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
DECEASED	Off
(Type or Print) Joan Marie	Blum DEATH NOV. 17 ,55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH 9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
DA OF HUDOLIED DOLORGED	
Female White   (Specify) Single Octo	ober 7,1955 yrs. Months 18 Hours Min.
10a. USUAL OCCUPATION [Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of violating life, even if ar INDUSTRY at home	Md.Gen. Hospital Balto. COUNTY
remoti citata ao mone	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond C. Blum	Kathleen Null
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (Il Yes, give wer or dates of service)	Raymond C. Blum R4 Westminster, M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
480 X Range	2- 1000
IMMEDIATE CAUSE (A)	I release was I way
ANTECEDENT CAUSE(S) DUE TO	1/ 0 - 1
DISEASES OR CONDITIONS, IF ANY, (B)	us 1 - 4 acy
GIVING RISE TO THE ABOVE CAUSE	X
STATING UNDERLYING CAUSE LAST. DUE TO	0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO T
21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. (NJURY OCCURRED	21. HOW DID INJURY OCCUR?
Zid. Time Of INJUST (Month) (Day) (Tear) (Rout) Zie. INJUST OCCURRED	ZII. NOW DID INDUK! OCCUR!
M. el work et work	
20 11 - 2 - 26 4 4 1 4 4 4 4 4 4 1 1 1 1 1 1 1 1	1015 11/17 1055 Halles and I am
22. I hereby certify that I attended the deceased from	to 19 19 to that I last saw the deceased
alive on 1/1/7, 19 1/2, and that death occurred a	at. D.M. from the causes and on the date stated above.
SIGNATURE / CITO - D	ADDRESS (Street, Kity, town, stete) DATE SIGNED
Physican Right	4 Extreseedle - Maniland 11/18/13
4 WIND 1907 Z M.D.	of the state of th
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY O	R CREMATORY (City, town or county) (Space)
	Cemetery Taneytown, Maryland
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Cemetery   Taneytown, Maryland   125. Funeral Director's Signature   ADDRESS
DATE Photo good of The arment Willer	John R. Byers Westminster, Md.

BY DESCRIPTION OF MALESCAN OF STATE OF STREET, SECURIOR.

# THESE CERTIFICATE OF BEATH

BUREAU V. S.

SSEL SE VOV

BECEINED !

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# 10660 CERTIFICATE OF DEATH

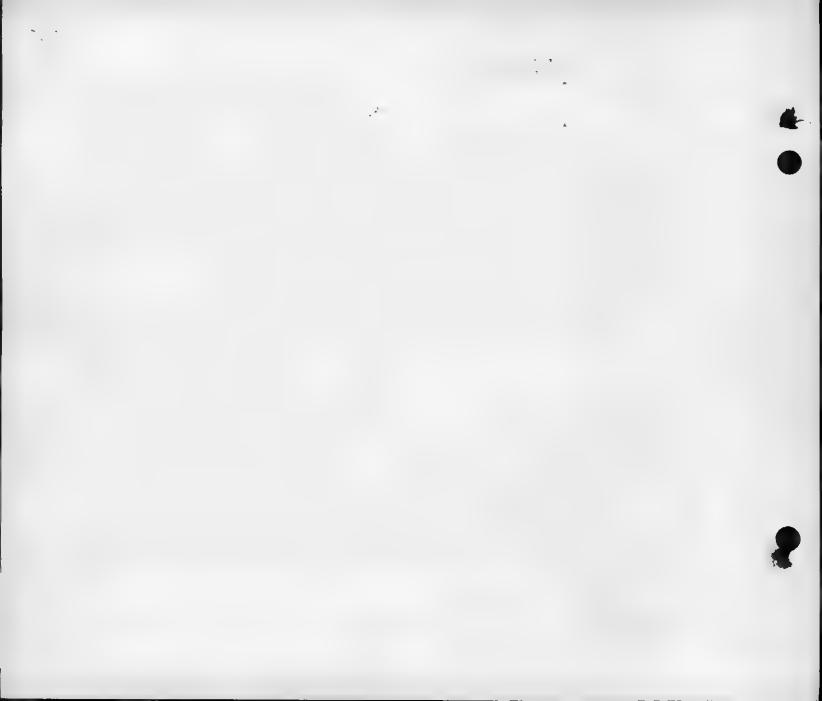
Dag.	Think.	BT -	
ner.	DISL	No	

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Carrol MARYLAND	STATE Md county roll Co.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest bown) TOWN (in this place)	TOWN 14ron E
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Tyrone (Col.	ADDRESS. Tyrone Rd.
3. NAME OF (Virst) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) MARY CCCILIA BOND	DEATH NOV 12 1955
5. SEX ) 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Lemale white Specify Widowed	Seck 1 1891 64 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY 1-to me	Balto. C. Tu COUNTRY - F
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cross Id P. Daule	Ann M CXOLOR
15. WAS DECRASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, to, or unknown) (If year, give war or dates of 220-12-1622	Miss Ann Doule - 1135 Orem : Rol. 20
(XX0 XX 7 6 X X	Missing Male - 1133 Crem : Let. 20
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Carcinona, Stomac	ch ch
Immediate cause (a)	1996 - 19
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	All the second s
(c)	**************************************
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!
INJURY m.   Work   At work	
	and Mary 11 and his arrangement of the second
22. I hereby certify that I attended the deceased from July 1.	, 1922, to
alive on Nova 11 19.55, and that death occurred at	6 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 1/2 200 8	11. " ( but & na) 11 15 100
J. N. Nega We No	Mucou (20076, 1110 /1-12-33
23. BURIAL CREMATION DATE NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) Nov. 14, 14551 1+01. Pe	leemen Baltu. Mil.
DATE REOD BY LOCAL REGISTRATES SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
19/1/4/3, 1/1/4 / FO ROLL	JOHN T. STANSBURY 6411WINDSOR MUI DI
7-2-	BALTO, 7, MD
	101, 21, 01, 11, 12, 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct ag

VS. A15



TO THIRKE DESIGNOR The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this

certrificate was been executed by the attending phymician and completely filled death certificate assembly should be detached for use as a minimal transit messit.

A15C 1-5E 10M

DATE

The bottom copy may be retained by the hospital or attending physician.

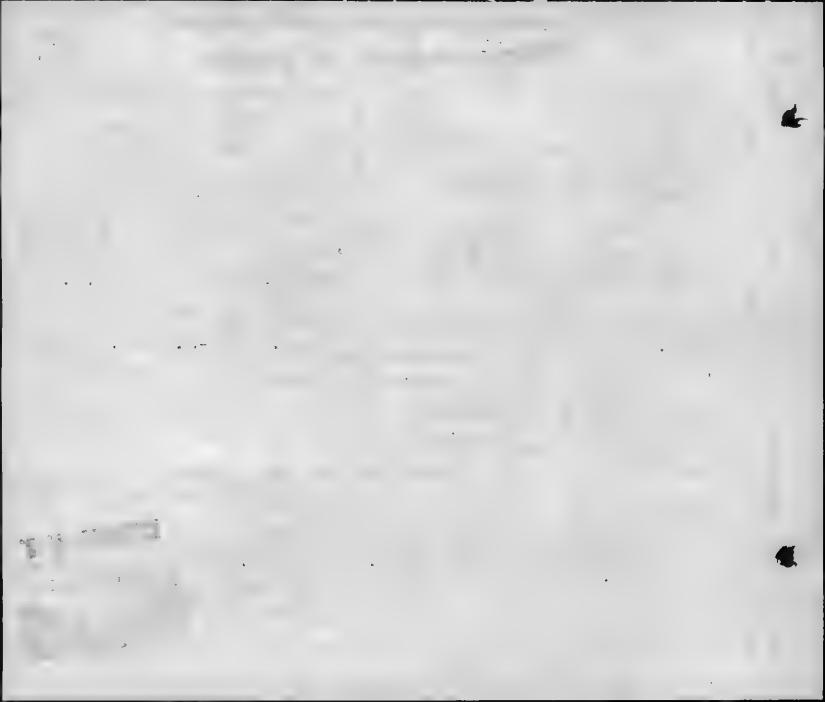
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10661CEDTIFICATE

10665

CER	IFICAI	E OF DEA	Pan Di	st. No
Itom 13, Film-1209 11-93-55 et				
I. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEASI	ED
COUNTY Carroll	MARYLAND	STATE Marylar		
CITY (If outside corporate limits, write RURAL OR end give neerest town)	(in this place)	OR	rate limits, write RURAL and give n	serest fown)
X TOWN Henryton	7 days	TOWN Balti	more	3/ / 4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(II rural give location	}
STREET ADDRESS Henryton State Ho	spital		Laurens Street	1
3. NAME OF (first) (h	(iddie)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Joseph		Brickhouse	DEATH 11	17 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO				ER 1 YEAR IF UNDER 24 HRS
		7 30, 1925	30 yrs Months	Deys Hours Min.
10e USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11 BIRTHPLACE (Stelle or fores	gn country)	12. CITIZEN OF WHAT
done during most of working life, even if OR I retired)  Unknown	NDUSTRY	Baltimore, M	breford	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0,0,0
Unknown		Annie F	rickhouse	
	SOCIAL SECURITY NO.	17. INFORMANT & A		
(Yes, no, or unk.) (Il Yes, give wer or detes of service)		Mame T Ho	well, R.N., Balt	o City Intl
Unk.	18. MEDICAL CI		Mozile Parto	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
(A) Far ad	vanced bilat	eral pulmonary	tuberculosis	
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) MONING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	givis			
STATING UNDERLYING CAUSE (AST. DUE TO (C) Syphi	140			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TT2			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDER YING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, ice bldg., etc.)	21c. WHERE DID INJURY OCCUP	(Colly ar lown)	unty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCU	17	
M. 1 et wor	k el work			
22. I hereby certify that I attended the deceas				
alive on Nov. 17 19.55 and	that death occurred	at 3 P.M. from the c	auses and on the date stat	red above.
BIGNATURE		ADDI	RESS (Street, city, town, slete)	DATE SIGNED
Julings Chino I Ling.	M.D.		State Hospital	
23. BURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C		LOCATION (City, town, or coun	ty) (Slete)
	Anatomy	board of Md.	l saltimore, ald.	
24. REC'D BY REGISTRAR - REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS

albert R. Sovenschou



MARGIN RESERVED FOR

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

10662

2411 N. Charles Street, Baltimore

10666

1. PLACE OF DEATH- COUNTY Carroll, MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY COUNTY dame	
MARTIAND II TUILE / LYCIL C AUGIL	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   CITY (If outside corporate limits, write RURAL and sive pagest to	wn)
OR give nearest town) Silver Run (in this place) OR TOWN Littlestown	× .
HOSPITAL OR STREET (If rural, give location) ADDRESS	7
STREET ADDRESS Meadowview Nursing Home West King Street	<b>V</b>
3. NAME OF (First) (Middle) (Last) 14. DATE (Month) (Day)	(Year)
OF Coover DEATH NOV. 21.	1955
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday II under I year II un	der 24 hm
M (Specify) widowed [Mar. 20.188] 9/1 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	P WHAT
Ret. Minister	Uò
* 1.0	
Jacob Coover   Margaret Teeter	
(Vos no os unknown) ((If you give mor or detern)	
	•
18. MEDICAL CERTIFICATION  INTERVAL	Breween
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) hypostatic preumonia 8	lays
11.22 Intillediate cause	
Diseases or conditions, if any, (b) chron my ocardial diseases	
giving rise to the above cause	
stating the underlying cause last	
D. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20, AUTO	PGYT
Yes П	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, : (CITY OR TOWN) (COUNTY) (STA	No 🙉
SUICIDE OF office bldg., otc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
OF While at Not While INJURY no. Work At work	
Ala tangenta and an analysis a	
22. I hereby certify that I attended the deceased from Man, 19.5.4, to 19.5.5, that I last saw the de	
alive on Nov. 21, 1955, and that death occurred at 5.540 m., from the causes and on the date stated above	3_
SIGNATURE (Degree or title) ADDRESS	GNED
David & Cooper M.D. Little to the Moral	1953
	State)
REMOVAL (Specify)	o sai co)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE . 24. EUNERAL DIRECTOR ADDRE	SS
REG. Hamit Milly Miller Bendle Gottysburg.	



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VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

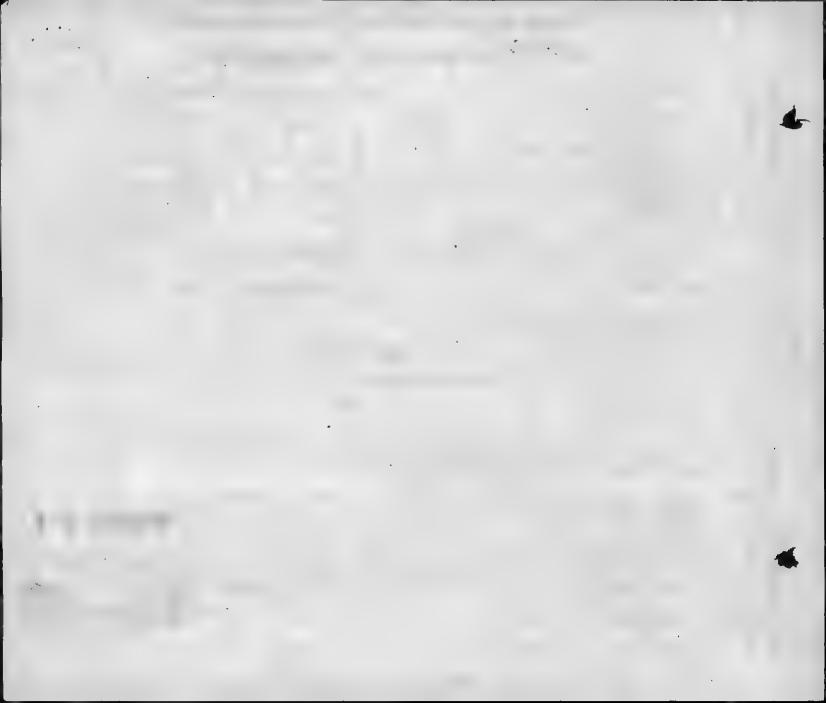
# 10693 CERTIFICATE OF DEATH

10667

1200

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
COUNTY Carroll	MARYLAND	state Marylan	d county Fre	derick
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te Ilmits, write RURAL and give (	nearest fown)
X fown Rural - Sykesville	9 mos. 16 da	s fown Brunsw	ick	1 - 2 - 2
HOSPITAL OR		STREET	(If rurel give location	n)
STREET ADDRESS Springfield Stat	te Hospital	ADDRESS 912	East D Street	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Mabel	Naomi C	ORNELIUS	DEATH 11	30 <sub>19</sub> 55
5. SEX 6 COLOR OR 7. SINGLE, M	ARRIED, 8. DATE C	OF BIRTH 9.		DER 1 YEAR IF UNDER 24 HRS
F WIDOWED (Specify)	Div. 2/	16/08 4	7 yrs. Month:	Deys Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
dane during most of working life, even if	OR INDUSTRY YMCA	Maryland		COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
William Henry Chane	e <b>y</b>	Mamie Sp	urrier	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	217-32-6266	Record, Spr	ingfield State	: Nospital
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CEN	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
28				
4	rebral Hemorrhag	е		days
ANTECEDENT CAUSE(S) DUE TO	ertensive cardio	waecular dieese	Α.	4 years #
CIVING RISE TO THE AROVE CALISE	or committee out or	Vascali alsoac		d years 7
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hronic brain syn	drome accordate	d with carehrs	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 216.	mosclerosis.wit	h psychotic rea	ction	14 years
	NGS OF OPERATION			20. AUTOPSY?
				YES NO
	Home, farm, fectory, est, office bidg., etc.)	216. WHERE DID INJURY OCCUR?	(City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e, INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?		
M.	at work at work			
22. I hereby certify that I attended the d				
alive on 11/29 19.55	and that death occurred at	112:40AM, from the ca	uses and on the date st	
SIGNATURE	1 0-11	£1	ESS (Street, city, town, state)	DATE SIGNED
Walther H Jonney	AUCUS M.D.		ville, Marylar	
23. BUR.AL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	inty) (State)
Burial Olds	I lain 1	Marie 41	Fridered.	Co. md.
24. REC'D BY REGISTRAR REGISTRARIS SIGNA	TURE	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE 100 30 1955 C. 34	ura Wille	C & TEC	14 1200	- Burneyed



this this

d. Affer t

72 hours after death.

the third

director,

registrar within by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

>

1. PLACE OF DEATH

24 hours after death.

# INSTRUCTIONS

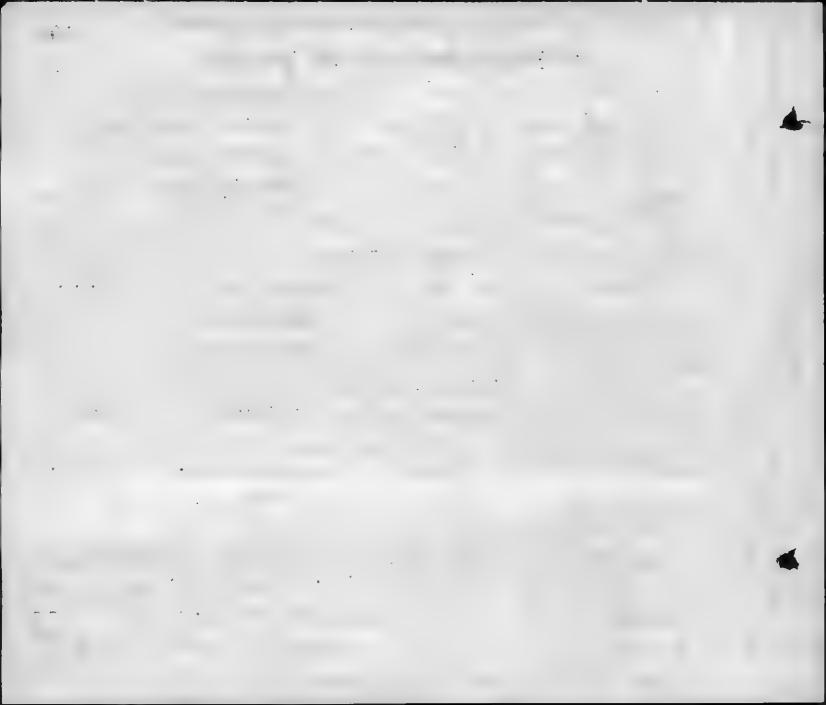
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1.2 HEHAL BESIDENCE (HOME) OF DECEME

# 19854 CERTIFICATE OF DEATH

Reg. Dist. No.....

COUNTY Carroll	MARYLAND	STATE Maryl:		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (H outsida com	porete limits, write RURAL and	giva nearest town)
X TOWN Sykesville	lmonth 20da	VS TOWN Balt	imore 18	310, -
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giva l	ocation)
/ STREET ADDRESS Springfield State	Hospital		n Charles Stre	act. V
3. NAME OF (First) (	Middle)	(Last)	4. DATE (Month)	
(Type or Print) I FWIS RA	NDOLE	CURLETT	OF DEATH 7-	ो ३ १९ दर्द
5. SEX   6. COLOR OR   7. SINGLE, MARRIE			9. AGE lest birthday   I	IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, DIV	ORCED.		N	Nonths Days Hours Min.
Male White (Specify) T.J.i.d. 10s. USUAL OCCUPATION (Give kind of work 10s. KIN	orred 1 10-	111-78   11. BIRTHPLACE (State or for	77 уп.	
done during most of working life, even it OR	INDUSTRY /	II. BIKITIPLACE (Siele of Ion	eign country;	12. CITIZEN OF WHAT
retired) Stationer 7	me.	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Iewis Grimes Curlett		Mary Alle	en	
	SOCIAL SECURITY NO.	17, INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detec of service)	race freeligent films from the contraction of	Hognita	l records	
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	L.VVA.IIV	INTERVAL BETWEEN ONSET AND DEATH
444.3X IMMEDIATE CAUSE (A) Bilat	eral Broncho	menmenia		2
ANTECEDENT CAUSE(S) DUE TO				-c-weers
DISEASES OR CONDITIONS IF ANY IN TE	tensive card	iovascular dise	2280	Teare
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	•••••			
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. arteri	osclerosis,	rith psychotic	reaction.	45 yrs. +
190. DATE OF OPERATION 196. MAJOR FINDINGS (	OF OPERATION			20. AUTOPSY? YES ₩ NO
21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home	ferm, fectory.	21c. WHERE DID INJURY OCCU	IR? (City or lown)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fice bldg., etc.)			(down)) (diam)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. White	INJURY OCCURRED	28. HOW DID INJURY OCCU	JR?	
M. el wo	rk et work			
22. I hereby certify that I attended the decea	sed from 10-20.	, 1955, to1.	1-3, 1955,	that I last saw the deceased
alive on 11-3 / 19.55 and	that death occurred a	11.15P.M. from the	causes and on the date	e stated above.
SIGNATURE			RESS (Street, city, town, a	
Equilly Tuttan.	M.D. S	oringfield Stat	te Hosp Svi	cesville 11-3-55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, o	r county) (State)
Buria! 11-5-55	Drued )	ridse.	Tehlowill	1 mil
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 100, 3, 1955 a. April	TULEN	executor 97	necescia.	108 21 Mathan



2 urs after death.

THE FUNERAL DIRECTOR: The law requires that the death curificate be filled with the registrar mithin 72 Bours after death. After this certificate has Bern executed by the attending physician and completely filled in by the funeral director, the third comy of this death certificate assembly should a detacled for use as a burial transit permit.

VS AISC 1-55 10M.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10665 CERTIFICATE OF DEATH

10669

Reg. Dist. No. 74

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Carroll MARYLAND	STATE MUNTY COUNTY
	CITY (If outside comparate   mits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR end give general fown)  Y TOWN  T	TOWN Bulling avol-
	HOSPITAL OR	STREET (H.gurel give (ocetion)
	· STREET ADDRESS Springfield State Stop val	ADDRESS H400-Answell-Percy
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)
	(Type or Prot) Selen Fieldman	DEATH NOV 26 19 53
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	RACE WIDOWED, DIVORCED, (Specify) Weday) 5	1886; 69 yrs. Months Deys Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	done during most of working life, even it retired)  OR INDUSTRY  OF COMMENT  O	Latrian To A
	13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
	Solomon Balonkin	Chana !
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Hospital Ruords
	T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET, AND DEATH
1	B. P.T.	Ben al American da
1	491 X IMMEDIATE CAUSE (A) JULIANUAN	moneus prumonia cerejo
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST, DUE TO	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ( ) HERE TO THE TOTAL POPULAR TO THE	dispolenos.
	TO THE DEATH BUT NOT RELATED TO THE	with andoronalism !!
	DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?
	190. MAJOK PRODINGS OF OPERATION	YES DET NO T
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	III. HOW DID INJURY OCCUR?
	M. et work at work	
	22. I hereby certify that I attended the deceased from alleg 2	1951, to NOV 26, 1955, that I last saw the deceased
	1 - 1	RM, from the causes and on the date stated above.
10M	SIGNATURE A	// ADDRESS (Street, city, lowe, state) // DATE SIGNED
	Elles of Margiller M.O.	Lekierrele. md
1-55	23 BURIAL CREMATION DATE THEREOF I NAME OF CEMETERY OF	CREMATORY   LOCATION (City, town, or county) (Stete)
A15C	REMOVAL (SPECIEY)	Altranel Ball med.
VS A	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	Mal 54 Kitt A dland Yil	Comment of the state of the sta
	DATE /100-21,1753 (: Fally after)	Weck Neller The Wollder Hace



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

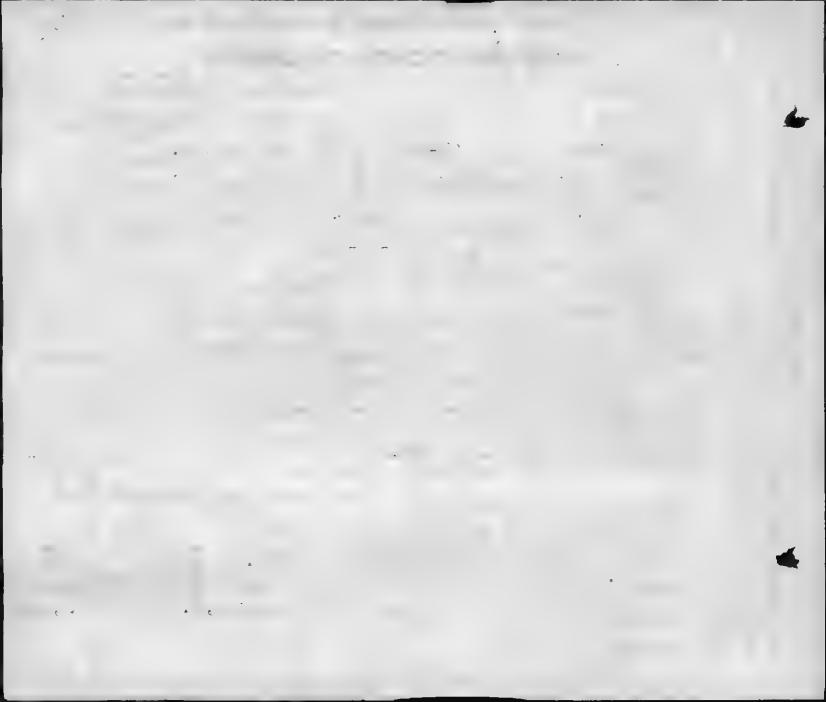
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10670

### 10666 CERTIFICATE OF DEATH

		MIL	
leg.	Dist.	No. TH	

1. PLACE OF DEATH		2. USUAL RESIDE	(CE (HOME) OF DE	CEASED
COUNT Carrell	MARYLAND	STATE Mary Lan	d COUNTY ]	Montgomery
CITY (if outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpo	rate Bmits, write RURAL er	
X TOWN Sykesville	26Y-5M-18D	Town Takoma	Bords Md	, , , , ,
HOSPITAL OR	1501=2h=TcD	STREET	(H rurel giv	e location)
INSTITUTION OR		ADDRESS		- 1
STREET ADDRESS Springfield St	tate Hospital	13 A1	legheny Ave	nue
3. NAME OF (First) DECEASED	(Atiddle)	(Lest)	4. DATE (Mon	(h) (Dey) (Yeer)
(Type or Print) John	P4	ndley	DEATH 77	5 1955
			9. AGE lest birthdey	IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WII	DOWED, DIVORCED,	0.001	0	Months Days Hours Min.
		- 1874	81 уп.	
10e. USUAL OCCUPATION Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
ratirad) plasterer		Scotland		runk
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN	NAME	- Contract
Takes Did and Takes		With a badh	C	
John Findley  IS. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? I 16. SOCIAL SECURITY NO.	Elizabeth		
(Yes, no or unk.) (If Yes, give wer or detas of ser	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	~ - Hospital R	ecords	
I DISEASES OR CONDITIONS DIRECTLY LEADING	18, MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	10 DEATH			ONSE! AND BEATH
IMMEDIATE CAUSE (A)	Myocardial infarct	ion		days
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)	Arteriosclerotic h	eart disease		verre
GIVING RISE TO THE ABOVE CAUSE TO STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE	Involutional Melan	cholis		26 years -
DISEASE OR CONDITION CAUSING DEATH,	Anvorantonal refer	GHOTTH		50 Aeals -
	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
	LACE (Home, farm, factory, URY street, office bldg., etc.)	21c, WHERE DID INJURY OCCU	R? (City or town)	(County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Yant) ()		211. HOW DID INJURY OCCU	R?	
	M. et work O et work			
		OO o file . Mann	P	
22. I hereby certify that I attended				
alive on NOV. 5	, and that death occurred a			
SIGNATURE	74 12	ADD	RESS (Street, city, town	n, stote) DATE SIGNED
Educued Lus	thau M.O.	Sykes	VIIIe Md.	Nov.6. 1955
23. BURIAL, CREMATION, DATE THEREC				
CREMATION 11/-7/	S5 CEDAR HILL	CREMATERY	PRINCE GE	
24. REC'D BY REGISTRAR'S	SIGNATURE	.25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 744
DATE/100. 7. 1955 C. J	Harry Tileca)	1 Surguer Shi	Illers, 2540	Lerroy II MI DC



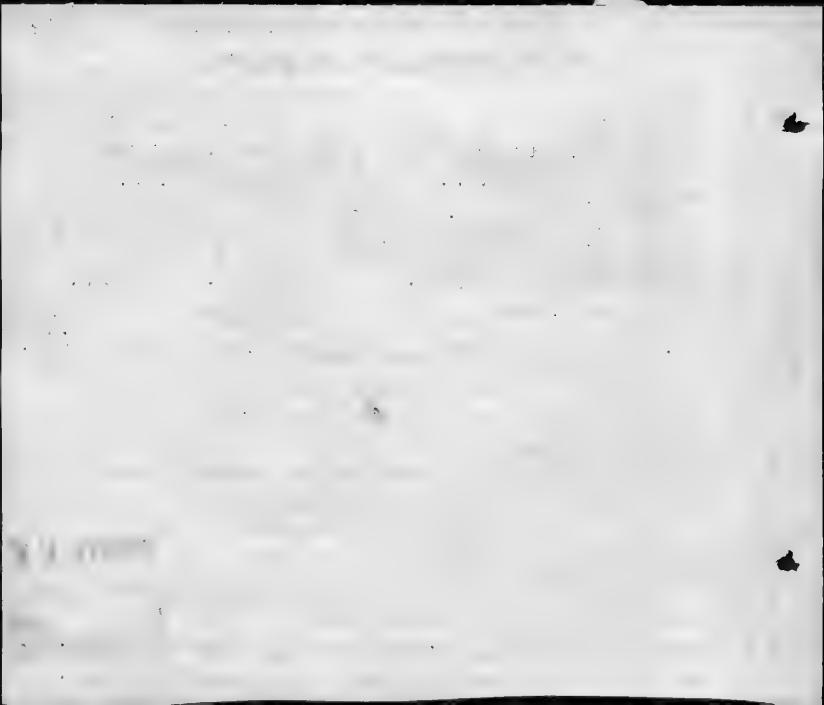
表表

registrar within 72 hours after death. After by the funeral director, the third copy of

# 10667 CERTIFICATE OF DEATH

Rea. Dist. No...

affer d	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY CATTOLL MARYLAND	STATE Maryland COUNTY Carroll
hours ctor, if	CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
72 hour director,	X TOWN Rural, Nr. Westminster   Life	TOWN Rural, Nr. Westminster
within X funeral d	HOSPITAL OR Uniontown District INSTITUTION OR Westminster, Md. R.D.1	Westminster, Md. R.D.1
	3. NAME OF (First) (Middle) DECEASED (Type or Print) Mary B.	Foglesong  4. DATE (Month) (Dey) (Yeer)  OF DEATH 11/27/55  19
the registrar in by the	Female   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, D VORCED,   8. DATE (   Specily) Widowed   5/3/1	
with filled mit.	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Housework Family home.	11. BIRTHPLACE (Stete or foreign country)  Carroll County, Md.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
2 × 2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ate be fill completel Il transit	Francis T. Brown	Lavina Feeser
mon —	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  (II Yes, give wer or detes of service)	17. INFORMANT & ADDRESS R.D.1
certificat and co burial	No. None	Francis E. Foglesong, Westminster, Md.
S S S S S S S S S S S S S S S S S S S	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
death rsiciau re as	7011 X IMMEDIATE CAUSE (A) Ineral (	vasle
	ANTECEDENT CAUSE(S) DUE TO	ely neutal
that the ding pl	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Teny / Mentine
	(C)	•
law requires they by the attending of the attended of the detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
* * * * * * * * * * * * * * * * * * *	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
The led	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, form, factory, OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stets)
DIRECTOR: s been execu ate assembly	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work at work	21. HOW DID INJURY OCCUR?
Deer ass		190 min, to 190 min, 19 min, that I last saw the deceased
	alive on	
A Partificial	SIGNATURE TO COC	ADDRESS (Street, city, town, stete) DATE SIGNED
乙烷上二	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, town of county) (State)
certifica death A15C 1-5	REMOVAL (SPECIFY)  Hirial 11/30/55 St. Marys C.	
ဥ္ႏွိ	hirial 11/30/55 St. Marys C	25. FUNERAL DIRECTOR'S SIGNATURE')  ADDRESS
	DATE 11/24/50 Margaret 1: inglar	II M. Little rome Little stown, Pa.
		1 Par A -Pittle



MARGIN RESERVED FOR BINDING

# 10668 CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY COUNTY MARYLAND	2. ISUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate fimits write RURAL and LENGTH OF STAY OR give plarest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOTAL MANAGEMENT OF THE PARTY O	STREET (If rural, give location)
HOSPITAL ON INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF DECEASED (First) (Middle) LOBER!	7 RANKIIN OF Month (Day) (Year) 19 55
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last birtbday If under, 1 year II under 24 brs.  73 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of dusiness of industry	11. BIRTHPLACE (State of foreign country) 12. CINZENTOF WHAT
To FATHER'S NAME Arankeling	14. MOTHER'S MATTEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give was or dates of	1. INFORMANT AND POPRESS
1 - 1 - 1 00 00 00 00 00 00 00 00 00 00 00 00 0	como so man anno a marca proces
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
360 × Immediate cause (a) Cardiai arreal	, Cerebral throm boris, 1 how 55, 1 derbetes meetites (miel) 17 nov 55
Antecedent cause(s)	de de Te medition (mile) and co
giving rise to the above cause	The services of the services o
stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Montb) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from I hav	19.55, to 1.7 Med, 19.55, that I last saw the deceased
alive on 1955, and that death occurred at	4:30 A.m., from the causes and on the date stated above.
SIGNATURE Haward & Ball My	Sykerille, but 17 how 55
23. BUBIAL, CREMATION DATE, NAME OF CEMETE RIVIOVAL (Specify)	
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-19- 55 G.//. U WENEN	IN Saryer Thins

SEEL ~ NON

TO ATTENDING

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10673

## 10669 CERTIFICATE OF DEATH

Reg. Dist. No. 74

USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Carroll	MARYLAND	STATE Mayer			
CITY (It outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (if outside com	orata fimits, write RURAL a	nd give neetest fown)	
X TOWN Sykesville	39yr.10mo.23	Have TOWN Balt	imore	8 V 0	1 1/2
HOSPITAL OR	17/31-92000-62	21KEE1		vs focation)	
*INSTITUTION OR	77 01 %	ADDRESS	11mh		lo-
Springfield State	HOSDITAL (Middle)	(Last)	4. DATE (Mon	nth) (Day)	(Year)
DECEASED	(Madery)	[2441]	OF	(50)	(1001)
(Type or Print) BERNARD		RYNCKO		1- 1	1955
5. SEX   6. COLOR OR   7. SINGLE, MARR RACE WIDOWED, DI		F BIRTH	9. AGE lest birthday	Months   Days	Hours I Min.
Malo White (Specify) Si	ngle 2-11	-92	63 уп.	Monins Days	House Mills.
	ND OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZE	N OF WHAT
done during most of working life, even if retired) Laborer	R INDUSTRY	Maryland			S.A.
13. FATHER'S NAME	NOTON -	14, MOTHER'S MAIDEN	NAME	1 0 41	5 27 5
Antone Fryncko	6. SOCIAL SECURITY NO.	Annie Pre			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, 80, or unk.] (If Yas, give wer or detas of service)	8. SOCIAL SECORITI NO.	17. INFORMANI &	Annue 22		
?'0	THE RESERVE AND A SON THE SON	Hospita	l records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			ERVAL BETWEEN
. 4					
	<u>-advanced bila</u>	teral pulmona	*	sis, Ye	ars
ANTECEDENT CAUSE(S) DUE TO			active.		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE	ntia Praecox.	Catatonio tun	0	1,0	yrs. +
DISEASE OR CONDITION CAUSING DEATH, LIGHTED		ORGANOTITE OND	V 1		O. AUTOPSY?
Trai print of ordication					NO E
21a. ACCIDENT WAS UNDERLYING   21b PLACE (Hom		Ic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Steta)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg , etc.)				
		21f. HOW DID INJURY OCC	UR?		
Mh. i at v	work Not while				
22. I hereby certify that I attended the dece	ased from 10-17	19 55 to	11-7 .19 55	, that I last say	w the deceased
	d that death occurred at				
2SIGNATURE	o mar deam occurred ar		ORESS (Street, city, fow		DATE BIGNED
(Lucus Lus	lhann a				
23. BURIAL, CREMATION, DATE THEREOF	NAME OF GEMETERY OR	ringfield Sta	LOCATION (City, tow	Kesville	(Siele)
MACVAL (SPECIFY)	1	17/	B1/-	1- Am.	1
100114F 110. 42	71049	16 BURCHEN	11/401	0////	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	SIGNATURE	ADDRESS	12 10
DATE GOT 1. 1955 P ALLEN	MTelees) (	N'= COCI	CYTIC,	11/15/	1464 1



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

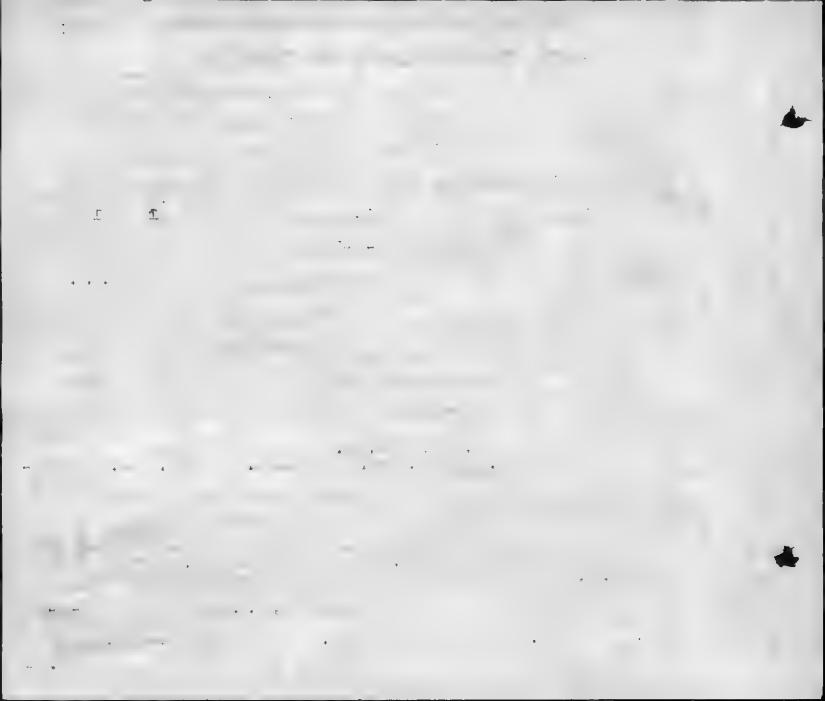
S

### 10670 CERTIFICATE OF DEATH

				- 3
g.	Dist.	No.	*******	€.,

Re

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CATTOIT MARYLAND	STATEMARY Land COUNTY Paltimore City
CITY (if outside corporate limits, write RURAL LENGTH OF STAY	CITY (If ourside corporate Nmilts, write RURAL and give nearest town) OR TOURISM
OR and give nearest town)  TOWN Sykesville  17 10M 21D	TOWN Rolltimore
HOSPITAL OR HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
'A STREET ADDRESS Springfield State Hospital	3814 Cranston Avenue
3. NAME OF (first) (Middle) DECEASED	(Lest) 4. DATE (Mogny (Quy) (1955
(Years as Delet)	sendaffer DEATH 25 19
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	F BIRTH 9. AGE last birthday F UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,  (Specify) widowed 12-	15-1886 68 Yrs. Months Deys Hours Min.
T W (Specify) widowed 12-	15-1886   68 Yrs.   12. CITIZEN OF WHAT
done during most of working life, even if. OR INDUSTRY	COUNTRY?
retired) housewife	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Mohr	(adopted) Stack
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
	Hospital Records
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ETIFICATION INTERVAL BETWEEN ONSET AND DEATH
1111	
1/ a / IMMEDIATE CAUSE (A) Myocardial degener	eation Weeks
ANTECEDENT CAUSE(S) DUE TO	
	cardiovascular disease   years
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chr. hrein syndres	
TO THE DEATH BUT NOT RELATED TO THE	ss.with senile brain disease
DISEASE OR CONDITION CAUSING DEATH circ disorder action	al arterioscl with psych reast 11 months -
196. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING   216 PLACE (Home, form, factory,	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	rise integration added fails at least the factors.
[IF EITHER, NOTIFY MEDICAL EXAMINER] ] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	THE HOLD MAKE ACCOUNT
M. et work	
22. I hereby certify that I attended the deceased from Dec. 1954	19
alive on NOV. 11	1.2.20 fM, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Educad Lusthaus M.D.	Sykesville, S.S. Hospital 11-11-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Slata)
Burial Nov.14/55 Baltimore	Com. Politimore Wd
24. RECID BY REGISTRAR   REGISTRAR'S SIGNATURE /	A ADDRESS OF THE PROPERTY OF T
Manual 1055 ( 2/2 - 3/200)	The sear the Marie 2024 Orleans St. 31



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10671 CERTIFICATE OF DEATH

10675

			R	eg. Dist.	. No	
I. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF D	ECEASEL		
COUNTY Carroll	MARYLAND	STATE Marylan	ל כסטאדץ			
CITY (if outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corpore	te limits, write RURAL e	nd give neer	est town)	
OR end give necest town)  Y TOWN Sykesville	(In this plece)	TOWN Boltim	ore (TT)		2VA	1 11
HOSPITAL OR	r o gavs	STREET		ve location)	¥ .2 [	um dufin
		ADDRESS	,			
Copt. HE CTCTO MADE			Hampden Av			*v
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mor	•		eor)
(Type or Print) BLANCHE AU	GUSTA F	HINTS .	DEATH N	ovembe	r 1/1 19	55
S. SEX   6. COLOR OR   7. SINGLE, MAR		OF BIRTH 9.	AGE lest birthday	IF UNDER	1 YEAR JIF UNDE	R 24 HR
Female White (Specify) Sj	TORCED,	13-74	81 yr.	Months	Days Hours	Min
	IND OF BUSINESS	11 BIRTHPLACE (Slete or foreign		( 12	CITIZEN OF W	HAT
done during most of working life, even If C	OR INDUSTRY		1	/*	COUNTRY?	1161
retired) Housework		Maryland			TI.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
Levi Haines		Laura Ensor				
	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS			
(Yes, no, or unk.) (Il Yes, give wer or detes of service)	Commence of the Park of the Commence of the Co	701 S TT				
No I	18. MEDICAL CE		records		INTERVAL BE	WEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 ,				ONSET AND	
4: 00 IMMEDIATE CAUSE (A) ALI	Tri oschrot	c Heart dis	ease		Year	1
					1/0	
DISEASES OR CONDITIONS, IF ANY, (B)	ueral trt	Prioscleros1	5		Plano	·
GIVING RISE TO THE ABOVE CAUSE DUE TO						
(C)						
TO THE DEATH BUT NOT RELATED TO THE	S. dese to o	thellrel on tehi	1108877 M			
DISEASE OR CONDITION CAUSING DEATH.	~	now we well the	100000000000000000000000000000000000000			
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION				20 AUTO	PSY?
					YES 😿 N	0 [
	me, farm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(Count	ly) (Ste	ia)
IF EITHER, NOTIFY MEDICAL EXAMINER	onice bidg., etc.)					
	e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?				
	work at work					
22. I hereby certify that I attended the dec	essed from 77-75	2 10 55 10 77-	71 10 55	that I	last saw the d	0.000.00
alive on 11-13 19.55 an						0.6030
SIGNATURE	u mai deam occurred a	ADDRI	uses and on the c ESS (Street, city, tow	zare stated m. eletel	DATE 8	HENR
Walters H Joseph Land	11811					
23. BURIAL, CREMATION,   DATE THEREOF	I NAME OF CEMETERY OF	pringfield State	HOSD S	vkesv	11e 11-	(State)
REMOVAL (SPECIFY)	NAME OF CEMETERS OF	CREMATURE	LOCATION (City, low	n, or county)		[91916]
Burial 11/16/55	St. Marvis	ler etery	Hampden.	"arvla	ind	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	£ 40	25. FUNERAL DIRECTOR'S SI	GNATURE	11	ADDREST	2
1/2/	7.	Wm. G. Trekr	EN LOUR	1	12 200	A V

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DECENTED

TO ATTENDING

after death.

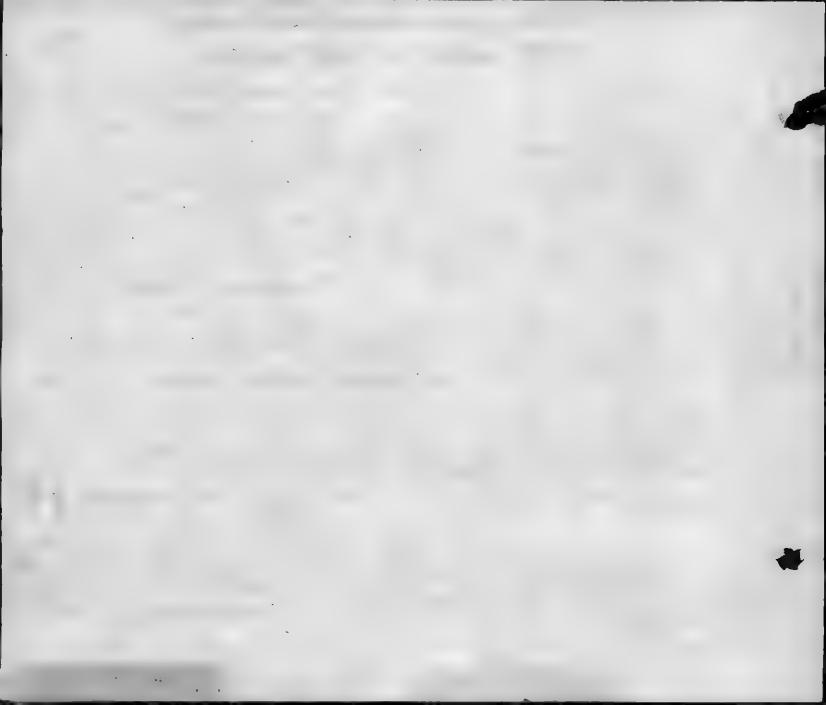
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10672 CERTIFICATE OF DEATH

MARYLAN	ND STATE DEPARTME	NT OF HEALTH-	BALTIMORE, 18	
10672	CERTIFICAT	F OF DEA	TH	10676
	190 12/12/55 25.5		Reg. Dist	No. 74
1. PLACE OF DEATH	170 16 16 1/ 11.00	2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY Carroll	MARYLAND	STATE Maryl	and county	
City (If outside corporate limits, write RURAL end give nearest fown)  X TOWN Rural - Syke sville	LENGTH OF STAY	OR	prete limits, write RURAL and give nee	rest lowe)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield S		STREET ADDRESS 1713	(If rural give location)  Byrd Street	,
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) David	William	HALL	DEATH 11	8 2 19 55
Male White Spe		2/69	9. AGE lest birthdey IF UNDER Months yrs.	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working file, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12	COUNTRY?
retired Engineer  3. FATHER'S NAME	Railroad	Maryland		USA
Jess Hall  S. WAS DECEASED EVER IN U. S. ARMED FORCES	57 I 16. SOCIAL SECURITY NO.	Elizabet	h DeLauder	
(Yes, no, or unk.) [If Yes, give wer or dates of serv			Springfield State	e Hospital
I DISEASES OR CONDITIONS DIRECTLY LEADING I	18. MEDICAL CE		obititigatem Soan	INTERVAL BETWEEN
	Myocardial infarct	due to corona	ru thrombosis	onset and death
	- O CONTENT THE GLO	dae oo corona	TA OHIOMOOSTS	MINUOS
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE	Hypertensive arte	riosclerotic v	ascular disease	years
STATING UNDERLYING CAUSE LAST. DUE TO	Diabetes Mellitus			years
(C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			ad trith canile	Jears
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH.	brain disease, wi	th psychotic r	eaction sente	3 years
	FINDINGS OF OPERATION			20. AUTOPSY?
RTO. ACCIDENT WAS UNDERLYING   1 216. PL	ACE (Home, ferm, lectory,	21c. WHERE DID INJURY OCCU	R? (City or town) (Cour	YES NO Se
216. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING 2 CAUSE OF DEATH OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY street, office bldg., etc.)		(600)	(Sec. of
	our) Zie. INJURY OCCURRED While NoI while M. et work et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended to alive on	Thausm D.	Sykesvill	.32, 1955, that I auses and on the date state RESS (Street, city, town, state)  B. Maryland   LOCATION (City fown, or sounty)	d above.  DATE SIGNE  11/3/55
13. 112			10/9/10	
24. REC'D BY REGISTRAR REGISTRAR'S S	CSI	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE	- Olova	Mc Carlo	to bacoaux	100-4-1

30 E- FOR

ma.



# MARYLAND STATE DEPARTMENT OF HEALTH

# 10673 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 8

		neg. Dist. I	10. "
I. PLACE OF DEATH-	2. USUAL RESIDENCE	(HOME) OF DECEASED.	ry /r
MARYLAND	1110/2	Maria	(ABLANO
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   OR give nearest/town) (in this place)	OR CITY (If outside corp	ofate limits, write RURAL and g	rive nearest town)
TOWN Maddelang - Alliet	TOWN_//	dalelinea	X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural, glys location)	1
9 STREET ADDRESS	11.2211.333		
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) /// ///EN //ONKOE	ITH IX IX	DEATH NOV.	11, 19 5
6. COLOR OR RACE 12. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday   If unde	or I year   If under 24 hr
(Specify)	Sept 24-1916	ynı.	Days Round Min
done during most of working sie, even if retired)   INDUSTRY	BIRTHPLACE (Stit	e or foreign country)	12. CITIZEN OF WHAT
Stules aruner Sive Jula 60	Mary	land	U.S A
13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
Hayden & Hann	Hannak	Plaine	
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [ (If yes, give war or dates of	17. INFORMANT	01 -00-11	5. /
and service) 220-01-2022	adigaret K	Haur Middle.	ing, Md
IS. MEDICAL CE	RTIFICATION		1-17
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V		INTERVAL BETWEEN
0 · V	107		7 24
Immediate cause (a) Compound Comm	inuled stacker	2 Skiele-Face -	Justous .
Antecedent cause(s) Diseases nr conditions, if any, (b)		FINE S 168 - 1686 - 4	ent the DE data Advisor Advisor designation retains QUE
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS			!
Conditions contributing in the death but not			
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			l an difficience
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION			20. AUTOPSYT
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(ÇITYNO)	TOWNS (COLLEGE)	Yes No S
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg. etc.). CAUSE OF DEATH.		R TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY		
OF INJURY Not 11 -1953 259 While at Not while at work	11-4-	railrost tra	
	1		
22. I certify that I took charge of the remains described above, held an A	Autopsy [ Inspection	M, Inquiry W thereon and	from the evidence
obtained by said Autopsy, Inspection of Inquiry, find that said dece	eased died on the dry st	ared above, and death in my	opinion resulted
from: natural causes , accident , suicide , homicide ,	ADDRESS		DATE SIGNED
	1.	and the f	11/12/11
Quele . March, Espely, "Kedically	accine - 113st	ceres to	11,12/11.
23 BURIAL CREMATION DATE THEREOF   NAME OF CEMETE	CRY OR CREMATORY	LOCATION (City, town, or sou	inty) (S)mte)
REXIOVAL (Specify) More 14-1455 Hausha /	burch,	Frederick to	ma
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE //	24, FUNERAL DIREC	TOR V	ADDRESS
REG. Hor. 13.1953 Level Q. N. Elso	KIN HALLER	1. 4 Sono Union	Esidus Ma

MARGIN RESERVED FOR-BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is mpecially important. Physicians: please write the muses of death clearly and legibly.

The correct age

VS. A15A



INSTRUCTIONS I

72 hours after death. After this director, the third copy of this registrar within by the funeral <u>2</u>.5

hours after death.

ATTENDING FAYSICIAN OR HOSPITAL. The law requires that the death certificate be executed withing. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burist transit permit. VS AISC 1-55 10M.

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10674 CERTIFICATE OF DEATH 10678

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CATTOLL MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR end give neerest town)  Young Rural - Sykesville 14,2M, 9 Da	ys TOWN Baltimore-31 3V	1 - 4
HOSPITAL OR WISTITUTION OR	STREET (If sural give location) ADDRESS	
/ STREET ADDRESS Springfield State Hospital	415 South Wolfe Street	V
3. Name of (first) (alias Michael Adams)	(Last) 4. DATE (Month) (Day)	Year)
(Type or Print) JOHN		9 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	E), 33	ER 24 HRS
Male White (Specify) Married?	unknown kinknown yrs. Months Days Hour	rs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF W. COUNTRY?	/HAT
retired) unknown	unknown ?	
13. FATHER'S NAMPOSSIBLY Wm. Augustine Adams	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hospital	
18. MEDICAL CI	ERTIFICATION INTERVAL BE	TWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	
4 34 IMMEDIATE CAUSE (A) Arteriosclerotic	heart disease year	S
	rteriosclerotic cardiovascular disease year	
CHANG BIEF TO THE ABOVE CALLED	Cararovaso arar aracase year	0
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PULMONATY emphys	ema year	S
DISEASE OR CONDITION CAUSING DEATH.	rome assoc. with cerebral arterio-	n
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20AUTC	_
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory,	YES YES (Str. WHERE DID INJURY OCCUR? (City or town) (County) (Str.	NO X
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	zic. Wiles old house occos: (city of town) (county, (sin	, o,
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED	21f, HOW DID INJURY OCCUR?	
M, et work et work		
22. I hereby certify that I attended the deceased from 10/26	19. 55 to 11/4 19. 55 that I last saw the c	leceasec
alive on 11/3 19/55 and that death occurred		
SIGNATURE 1		SIGNED
Educurd Tudhaus M.O.	Sykesville Maryland 11/4	/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	OR CREMATORY LOCATION (City, town, or county)	(State)
Purial 11/5/55 Foly Redeen	mer Baltimore, aryland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE HOU. 8. 1955 C. Harry Weer	M.F. SADOWSKI & SONS, 1808 EASTER AVE	ENUE



within

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE OF

Apri]

18. MEDICAL CERTI

20

21c.

216

25. FUNERAL DIRECTOR'S SIGNATURE

# 10675 CERTIFICATE

MARYLAND

LENGTH OF STAY

(in this place)

(Middle)

106. KIND OF BUSINESS

OR INDUSTRY

16. SOCIAL SECURITY NO.

220-24-1103

Belle

SINGLE, MARRIED.

(Specify)

WIDOWED, DIVORCED,

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)

While

at work

21e. INJURY OCCURRED

Not while

at work

and that death occurred at. C.

M. D.

MAME OF CEMETERY OR CR

Widow

Own home

Weeks

10679

OL DEV	VIII	_			80	
			eg. Dis			.*
2. USUAL RESIDE	NCE (HOME	OF D	ECEASE	D		
STATE Mary ar	nd o	COUNTY	Carro	11		
DR				nest town)		
TOWN Rural	Westmir	<u>nster</u>	e location)			
ADDRESS		in triter Att	e location)		•	/
est)		E (Mor		(Dey)	(Yee	r)
er	DEA	TH NO	vembe	r	19	55
IRTH	9. AGE last be	rthday	IF UNDER	KITLAK	IF UNDER	
1875	80	yn.	Months	Days	Hours	Min,
BIRTHPLACE (Stole or fore	Ign country)		1	2. CITIZE	N OF WHA	ĀT
aryland					S.A.	
14. MOTHER'S MAIDEN	NAME					
Mary Cather	sina Sta	mbarr	ah.			
17. INFORMANT &	ADDRESS	unoau	Z11			
Name Coope	26233	hT	Tay #		. 773	
Mrs. Georg	8 MILLE	II.	ew N1	INTE	RVAL BETY	VEEN
2 /	\			ONS	ET AND D	EATH
aller		}				
ujoe and	Late	-	1			
				20 YES	AUTOPS	
WHERE DID INJURY OCCL	R? (City or tow	vn)	{Cou	nty)	(State)	
HOW DID INJURY OCCU	IR?					
, 19.55, to Me	07//	ر کی 19	, that	last sav	v the dec	ceased
W //	REDE (SINE	),	11, 21010)	1.	PATE SI	GNED
MATORY	COCATION	(City, tow	n, Count	vi vi	1-1- E	itate)
v Cemeterv	Please	ant. V	All ev	. Mai	rvlan	7

ADDRESS Taneytown, Maryland

this After ō Mopy. death. hird after # Cours director, ithin funeral by the fi 華 Ē # 1 Filed campletely. transit ë Q or attending physician. TE FUNERAL DIRECTOR: The law requires that the death certificate certificate has Eleen executed by the attending physicial and commitment in the control of the control of the control of the certificate assembly should be detached for use as a burnal tra The bottom copy may be retained by the hospital

1. PLACE OF DEATH

OR

S. SEX

Female

TOWN

HOSPITAL OR INSTITUTION OR

A - STREET ADDRESS

NAME OF

15, 3, 11, 11, 11

(Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

no

19a. DATE OF OPERATION

21d. TIME OF INJURY

alive on.....

SIGNATURÉ

BURIAL, CREMATION,

REMOVAL (SPECIFY) Burial 24. REC'D BY REGISTRAR

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER

Carroll

end give nearest town)

(If outside corporate limits, write RURAL

Near New Windsor

(First)

Carrie

COLOR OR

William F. Six

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

(Month) (Day)

(If Yes, give war or dates of service)

(A) DUE TO

DUE TO

(Year)

DATE THEREOF

REGISTRAR'S

22. I hereby certify that I attended the deceased from Q

WAS DECEASED EVER IN U. S. ARMED FORCES

RACE

White

done during most of working life, avan II

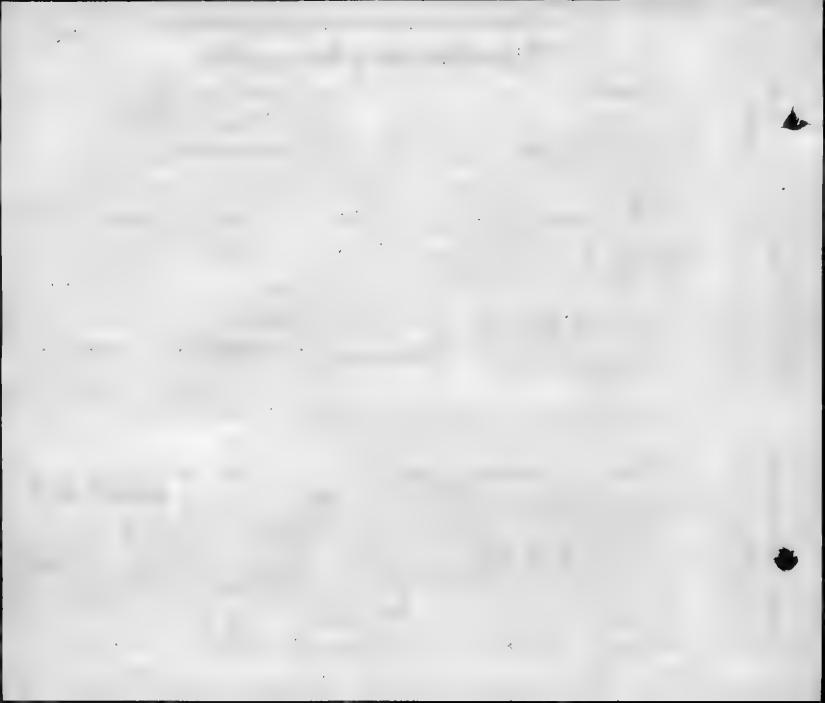
10e, USUAL OCCUPATION (Give kind of work

retired Housework

death martificate assembly AISC 1-55 10M

PHYMCILL

ATTENDING



INSTRUCTIONS

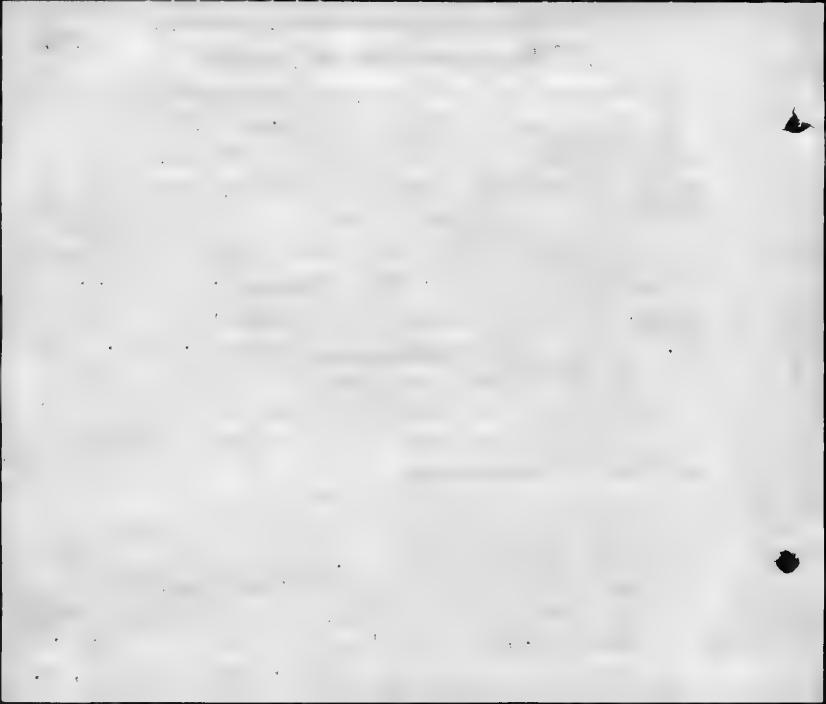
death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10676 CERTIFICATE OF DEATH

10680

1. PLACE OF DEATH		2. USUAL RESIDE	CE (HOME) OF DE	CEASED	
COUNTY Carroll	MARYLAND	STATE Md.	COUNTY	Carroll	
CITY (If outside corporale limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpo	rata limits, write RURAL and		
X TOWN Sykesville	(In this place) 4/1/55	T/YWM	minster		. 7
HOSPITAL OR	1 1/1/00	STREET	(If rural give	facetion	Daniel Company
INSTITUTION OR	- TT	ADDRESS			
OBLITIKITEDIO DIO C			est main s		10 1
DECEASED (Type or Print)	Aiddle)	(Last) Hesson	4. DATE (Month	1) (Day)	(Year) 1555
5. SEX   6. COLOR OR   7. SINGLE, MARRIE	D. I B. DATE OF		9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
RACE WIDOWED, DIVO	DRCED,	/a ome		Months Days	Hours Min.
M White (Specify) Mar	ried 9/1/	1876	79 yn.	1	1
dona during most of working life, even if OR	NDUSTRY	11. BIRTHPLACE (State or fore	gn country)	I2. CITIZEN	
	acksmith	Carroll	Co.	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
John, Hesson		Marga	ret, Myers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &	DDRESS		
(Yes, no, or unk.) [If Yes, give war or dates of service]	khowi	Pagand	2 2 2 2	Hoen	
100, 1		TIFICATION	s of S.S.		VAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSE	T AND DEATH
	M Broncho-r	neumonia		12	days
ANTECEDENT CAUSE(S) DUE TO				10	yrs.
GIVING RISE TO THE ABOVE CAUSE	eral Artero	screrosis			
STATING UNDERLYING CAUSE LAST, DUE 10	1 - 1 1	3 0 0 0		42 4 4 4 7	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nic brein s	yndrome Ass	ocia fed Mi	th semi	Le
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			brain	disease	e 10 yrs
190. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION				AUTOPSY?
				YES	
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Ic. WHERE DID INJURY OCCU	?? (City or lown)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While		IF. HOW DID INJURY OCCU	R?		
M. at wo					
22. I hereby certify that I attended the deceas	ed from from O	1 10 20 to 3101	10 55	that I last case	the deserved
alive on 11/4/55., 19, and	mai death occurred all	ont upon <sub>pr</sub> rnich in in the c	auses and on the da RESS (Street, city, town,	evoda Derait en	ATE SIGNED
Murund Juste	1-01				
23. BURIAL CREMATION.   DATE THEREOF	NAME OF CEMETERY OR	PREMATORY	LOCATION (City, Iown,	or county!	1/4/55
REMOVAL (SPECIFY)				**	(Jiele)
Burial Nov.7,1955	Krider's		nr Westm		Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25, FUNERAL DIRECTOR'S		ADDRESS	
DATE 7/00, 5, 1955 & Harry	TALLER	John R. B	yers West	tminster	MA.



1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1065 CERTIFICATE OF DEATH

10681

2. UBUAL RESIDENCE (HOME) OF DECEASED

	COUNTY GARROLL	STATE MD. COUNTY CARRO	LL
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this piece)	CITY (If outside corporate limits, write RURAL and give neerest to	wn)
	27 TOWN WESTMINSTER 33 YRS.	TOWN WESTMINSTER	2.7
	HOSPITAL OR INSTITUTION OR 1 1 1 1	STREET (Il rural give focation)	
	COSTREET ADDRESS 45 WEBSTER	ADDRESS 45 WEBSTER	/
	3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Dey	(Year)
	(Type or Print) GRACE EDMA 3	LE S DEATH 11 - 8	1955
	5. SEX 6. COLOR OR 7, SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		
	FEB.	16-1885 70 yrs. Months Day	s Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		IZEN OF WHAT
	Hoursewife	MD.	e 1.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	NOTITIVOWN	NOTITNAWN	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  (Yes, no. or unk.) Iff Yes, give wer or deles of service)	17. INFORMANT & ADDRESS 45 WE 8	STER ST.
	(Yes, no, or unk.) (If Yes, give war or dates of service)	JOHN W. HYDERWESTMI	TYSTER IMA
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
	592 X IMMEDIATE CAUSE (A) Polyrondila	o Clin)	
	ANTECEDENT CAUSE(S) DUE TO Highwitho	( chr)	
	DISEASES OR CONDITIONS, IF ANY, (B)		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY?
			ES NO Z
	21a. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? [City or lown] (County)	(State)
		II. HOW DID INJURY OCCUR?	
	M, at work et work	THE THE PROPERTY OF THE PROPER	
	22. I hereby certify that I attended the deceased from Man	1940, to Nov 8, 1953, that I last	enu the decorat
		5.10 M, from the causes and on the date stated ab	
WOL	BIGNATURE (1 2)	ADDRESS (Street, city, town, slele)	DATE BIGNED
23	M. C. Sernelly M.D.	Vistamolo MI	1-7-53
2	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
A15C	BURIAL 411-10-1955 WESTMINS	TERLE M. WESTMINSTE	P MD.
> 55	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS
	DATE 11-12 St Howard Pully 7	1) anteria won Weekmin	etos mod



INSTRUCTIONS

# 1 0

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10677 CERTIFICATE OF DEATH

10682

Reg. Dist. No. 7.4.

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY CARROLL	MARYLAND	STATE Marylan	ad county	Washing	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY (in this plece)	CITY (It outside corpo	rote limits, write RURAL o	nd give nearest tow	n)
Normal - Sykesville	1 M, 19 days		erstown		£ = . 2 9
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(It rural giv	re location)	1
STREET ADDRESS Springfield State	Hospital		Sunset Aver	nue	1
3. NAME OF (First)	(Middle)	(Lest)	4. DATE Mor	ith) (Day)	(Yeer)
(Type or Print) I.AURA	VIRGINIA	KEMP	DEATH 1	1 2	1955
5. SEX   6. COLOR OR   7. SINGLE, MAR		F BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	
Female White (Specify)	Widowed 1/2	29/75	80 уп.	Months Days	
	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)		ZEN OF WHAT
retired) Housewife	2/19 1000	West Virgini	ia	USA	
13. FATHER'S NAME	No.	14. MOTHER'S MAIDEN I	NAME		***************************************
Charles H. Wolfe		Enma	Bodine		
	16. SOCIAL SECURITY NO.	17, INFORMANT & A	DDRESS		
(Yes, no, or ank.), (Il Yes, give wer or deles of service)		Record - St	pringfield :	State Hos	roital
yar -	18. MEDICAL CER			I IN	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATE				O	NSET AND DEATH
44 K IMMEDIATE CAUSE (A) UT	emia				weeks
ANTECEDENT CAUSE(S) DUE TO					1
DISEASES OR CONDITIONS, IF ANY, (B) NO GIVING RISE TO THE ABOVE CAUSE	phrosclerosis				weeks
STATING UNDERLYING CAUSE LAST. DUE TO	neralized arte	rinsclemais			years
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CITY			ed with con	ebral	Journ
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	eriosclerosis,	with psychotic	c meaction		2 years
19a, DATE OF OPERATION   19b. MAJOR FINDING					20. AUTOPSY?
				YE	ES 🗍 NO 📮
	me, ferm, lectory, , office bldg., etc.)	tic. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21		21f. HOW DID INJURY OCCU	R?		
	hile Not while work et work				
22. I hereby certify that I attended the dec	eased from 10/23	19.55, to	11/2 19 5	5., that I last s	aw the decease
alive on 11/1 /19/5 ar	nd that death occurred at	6:35AM, from the c	auses and on the	date stated abo	ove.
SIGNATURE -		ADD	RESS (Street, city, tow	/n, state)	DATE SIGNED
Educued Insth	au M.D.	Sykes	ville. Mary	land	11/2/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, low		(State)
REMOVAL (SPECIFY) 11-4-55	Est 24	even	Freeze 12	(cecoc)	mel
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATU	RE .	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	55 -
11-2-55 0 Alan	miteleers	Jan 14 4 4	Minneit	,- Hase	uslow.



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 12 from after death. After this certificate has been emecuted by the attending physician and mamphately filled in 11 the funeral director, the third cony of this limit certificate assemily should be detained for us as a birrial transit press.

A15C 1-55 10M

S

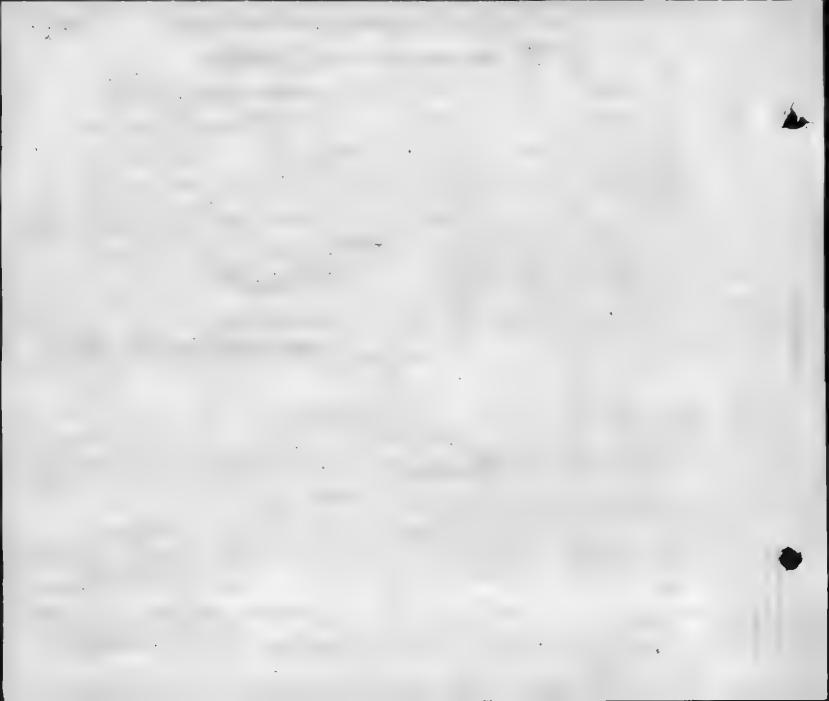
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10683

# 19678 CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Carroll	MARYLAND	STATE Marylan	d county		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore		end give nearest i	own)
OR and give nearest town!  Y TOWN Rural - Sykesville	4 mos. 29	iavs TOWN Balti	massa		2.01.4
HOSPITAL OR	14 111000 67	STREET		iva location)	. 0 1 - 4-
INSTITUTION OR	22 24 - 2	ADDRESS			./
DhituRitata Soure			llerslie A		V
3. NAME OF (fust) DECEASED	Middle)	(Last)	4. DATE (Mo	nihj (De	(Yeer)
(Typa or Print) Ella	Mae	KIDWELL	DEATH	11 :	2 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRII RACE WIDOWED, DIV		OF BIRTH 9	. AGE last birthday	IF UNDER 1 Y	
		il 28, 1887	68 yrs.	Months Da	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b KIN	D OF BUSINESS	11. BIRTHPLACE (Siete or foreig		1 12. C	ITIZEN OF WHAT
	INDUSTRY	Odwadawahd	Ohdo		OUNTRY? JSA
13. FATHER'S NAME	1.12h-	Cincinnati,			JOA
		_			
John J. Walsh		Mary Cli			
	SOCIAL SECURITY NO.	17. INFORMANT & AI	DDRESS		
(Yes, ne, or unk.) (If Yes, give wer or dates of service)	Jagar Balland	Record. S	pringfield	State 1	Hospital
	18. MEDICAL CE				INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) Careb	ral Hemorrha	ge			days
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GONE	ralized arte	riosclerosis			years
STATING UNDERLYING CAUSE LAST.	-1				
	chopneumonia		- 4 2 4 2		3 days
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH. COTE DE		erosis, With psy	chosis		l year
194. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home	. farm. factory.	21c. WHERE DID INJURY OCCUR	(City or lown)	(County)	(Stefa)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY SIGNAL, O	ffice bldg., atc.)		(5)	(=====	
21d. TIME OF INJURY (Month) (Day) (Year) [Hour)   21a.	INJURY OCCURRED	21. HOW DID INJURY OCCUR	7		
M. al w					
		40 CT . 3	7/0 10 5	٠, ١, ١, ١	
22. I hereby certify that I attended the decea	ised from	, 19 55, to	17.2	., that I las	t saw the deceased
alive on11/2	that death occurred	atD.:35AM, from the ca	uses and on the	date stated a	bove.
SIGNATURE	7	ADDR	ESS (Street, city, to	wn, state)	DATE SIGNED
an muning Just	FOUND.	Sykesville	Maryland		11/2/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, toy	rn, or county)	(State)
, , , , ,	Nolv Rede	emer Cemeterv	Baltimor	e. Marv	land
Burial Nov. 5, 1955  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		emer Cemetery 25. FUNERAL DIRECTOR'S S			
DATE THE 2 1955 14 STREET	THER	Leonard J. Ru	ck, 5305 H	larford I	doad # 14



14 hours affer domh.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg.	Dist.	No.75
	0.00	

			Reg.	Dist. No./
1. PLACE OF DEATH		2. USUAL RESI	DENCE (HOME) OF DECE	ASED
COUNTY Carrie	L MARYLAND	STATE LEMA	arteraccicounty	
CITY (If outside corporate limits, write OR and give necrest town)	RURAL LENGTH OF STAY	OR -7	coporate limits, write RURAL and gl	ve nearest town)
HOSPITAL OR A	lu 31-Da	TOWN TOWN	(If rural give loc	/ 5 X
INSTITUTION OF STREET ADDRESS ONE CHEW	nusing Hon	· ADDRESS 3	6 Fullon.	St
3. NAME OF (First)	(Myddle)	(Lost)	4. DATE (Month)	(Dey) ()
(Type or Print) Mary	/	Kiser	DEATH	1. 29 1
2 S. SEX 6. COPOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	el 24. 1868		under 1 YEAR IF UND
10e. USUAL OCCUPATION (Give kind of wind done during most of working life, even	work 10b. K ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country]	12. CITIZEN OF W
retired) How service	Home	Carroll Co	ounty, Ma yland	U.S.A.
13. FATHER'S NAME	111	14. MOTHER'S MAIL	DEN NAME	1
Henry Hu	ilthouse	Mart	na J. ANG	icl
15. WAS DECEASED EXER IN U. S. ARME (Yes, no, or unk.) (II Yes, give war or de		17. INFORMANT	& ADDRESS	
No		Miss	GNA KISEP - M	ANOVER TO
# DISEASES OR CONDITIONS DIRECTLY &	LEADING TO DEATH	CERTIFICATION	·	ONSET AND
422 / IMMEDIATE CAUSE	(A) Chrones	nyscarde	les	- 6
ANTECEDENT CAUSE(S)	DUE TO A . O.D.	11.00	16.00	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CARNO CACCA	mes ( water .	Waren our	
	(C)			
11 OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATING. DATE OF OPERATION 196.	TH			2D. AUTO
TO DATE OF CALCATION	CONTRACTOR OF OFTENATION			YES T
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY O	CCUR? (City or town)	(County) (St
21d, TIME OF INJURY (Month) (Day) (	(Yoar) (Hopr) 21e, INJURY OCCURRED While Not while at work at work	216. HOW DID INJURY O	CCUR?	
22. I horeby certify that I att	tended the deceased from O.C.F.	Level 1955, 10/	YOU29, 19 JV	hat I last saw the d
alive of 1.0.2.7	and that death occur		ne. causes and on the date	
BIGNATURE	12	7/1	DDRESS (Street, city, town, ste	DATE I
V 1-01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	VILLEN MI	Manual	e a d Ma a	1001/2



VS A15C 1-55 10M

hours after death.

PLACE OF DEATH

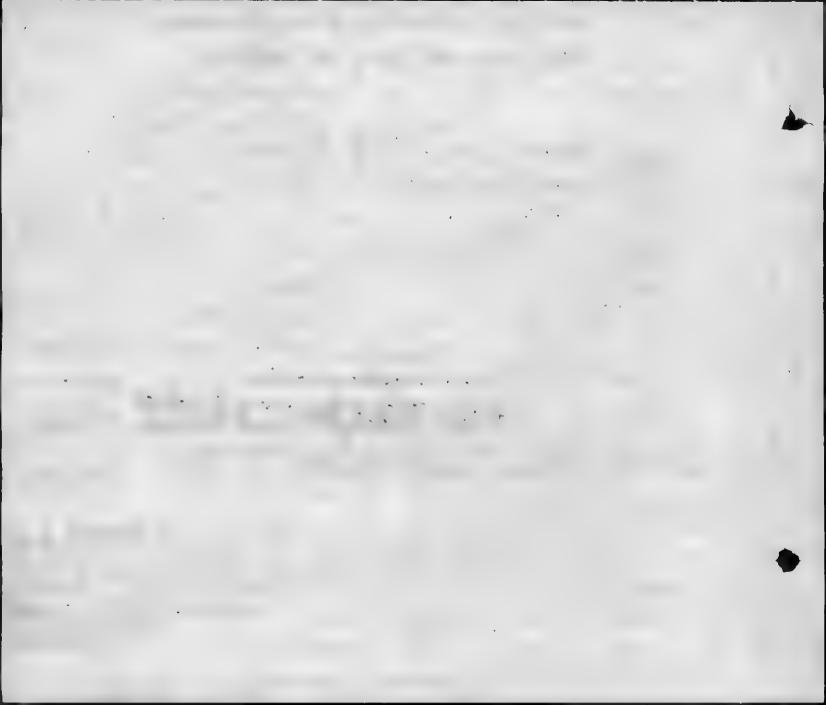
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 2. USUAL RESIDENCE (HOME) OF DECEASED

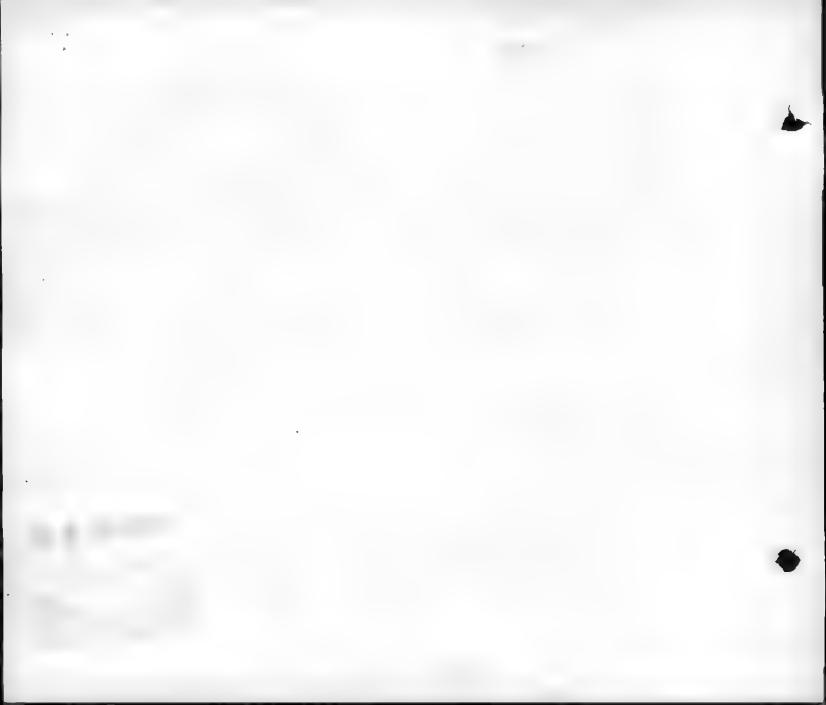
### CERTIFICATE OF DEATH 10630

10685 Reg. Dist. No. 74

COUNTY Carroll	MARYLAND	STATEMaryland	COUNTY	Carrol	3.
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (It outside corpo OR	rate limits, write RURAL an	d giva nearest to	iwn)
X TOWN Rural - Sykesville	21 Y. 20 Davs	701101	ester. Marv	land	×
HOSPITAL OR		STREET	(If rural give		1
STREET ADDRESS Springfield State		ADORESS			/
3, NAME OF (first) DECEASED	(Middla)	(Lest)	4. DATE (Mont	h) (Da)	y) (Year)
(Type or Print) Cecelia	M. K	reitzer	DEATH	1 1	h 19 55
5. SEX   6. COLOR OR   7. SINGLE, MAR	RIED,   8. DATE OF		9. AGE lest birthday	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female W (Specify)	single 1/2	9/85	70 vrs.	Months Day	
	IND OF BUSINESS	11. BIRTHPLACE (State or fores	gn country)		TIZEN OF WHAT
retired) none	none	Maryland		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
William Kreitzer		Barbara	Follmer		
(No. ) and and a little of an incident	16. SOCIAL SECURITY NO.	17. INFORMANT & /	DDRESS		
(Yes, no, or unk.) (it Yas, give war or delas of service)	none	Record,	Springfield		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			NTERVAL BETWEEN
584X 13.	. Alapa	Descending.			1. 12/2
MMEDIATE CAUSE (A)	ancie un	minu rua			ti-sals
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	structions	1 Common + 0	inter du	do ,	Thought !
GIVING RISE TO THE ABOVE CAUSE	THE COLUMN	willes days	+ V. H	10.	me orth
STATING UNDERLYING CAUSE LAST. (C)	one qui	Cysica. Mile	r surres		mines
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (Ch.)	ronic brain syn	drome associat	ted with		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	epileptic dete	rioration			vears
190. DATE OF OPERATION 196. MAJOR FINDINGS					20. AUTOPSY?
				3	YES A NO
	me, farm, factory. 21 , office bldg., etc.)	ic. WHERE DID INJURY OCCU	(City or town)	(County)	(Stete)
WI	hila - Not whila -	II. HOW DID INJURY OCCU	17		
22. I hereby certify that I attended the dece					
	d that death occurred at				
Walker of Smulnt	fall M.D.		ress (Street, clly, town Tkesville.Ma		17 /11 /CC
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town		(Stafe)
Burnel Movils	J- Macy	rester	Cauol	ADDR	ned
DATE WOODS 17, 1955 P. Harr	in Tilesol de	25. FUNERAL DIRECTOR'S	htm. 9H	ump	stead.
UNIC HOUSE TO STATE OF THE STAT	Y CARLON S	acco Con	Jucen, 14	7	· met



'S. A15



TO INTERIOR: THE law equires that the destinant tentificant is filed with the registrar within 12 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this

cerificate has been executed by the attending physician and completaly filled death cerificate assembly should be detached for use as a burial transit permit.

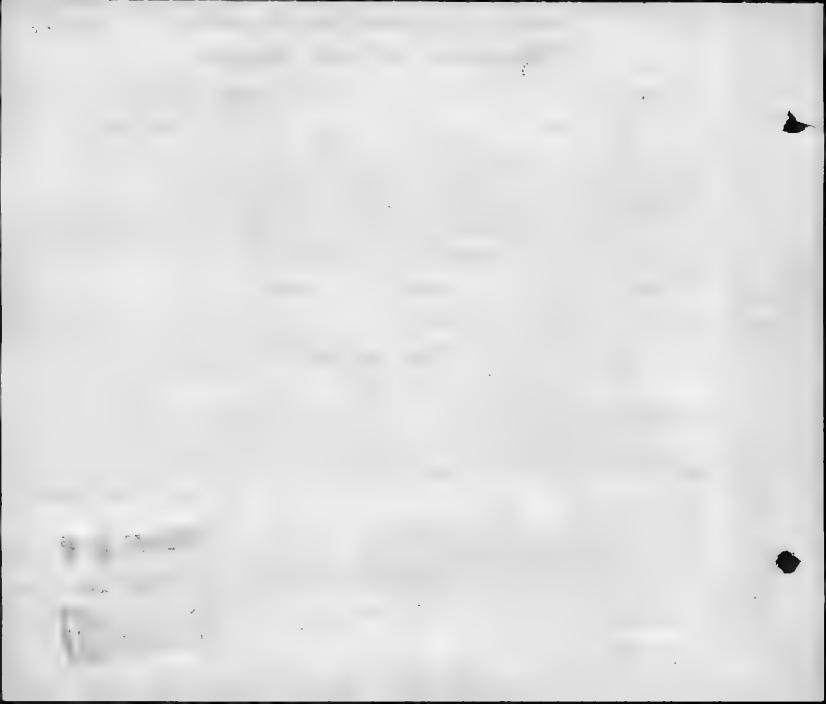
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

L 2 HEUAL BESIDENCE (HOME) OF DECEASED

10637

# 10692 CERTIFICATE OF DEATH

COUNTY (ALLBEE MARYLAND	STATE Manyle of COUNTY
CITY (If outside comporate limits, write RURAL LENGTH OF STAY OR and give newest town) (In this grece)	CITY (il outside conforate limits, write RURAL and give necrest town) OR
OR end give nearest town; TOWN (1 this prece)	TOWN Bakkimmen 3V31-44
HOSPITAL OR	STREET (H rurel give Jacetion)
5 STREET ADDRESS	ADDRESS 3.237 E. Baltiname Att.
3. NAME OF (First) A (Middle) //	(Lest) // / A. DATE (Month) (Dey) (Year)
(Type or Print)	Press to che DEATH 11 26 55
5. SEX 6. COLOR OR 7. STYGER, MARRIED. 8. DATE O	
BACE / WIDOWED, SINORGED	/ / Months   Deys   Hours   Min.
J. White Specify Westowell W.	6.6/ J 9 yes.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rolind flamiting Cletning	Dallimones MR- USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John Achrefer	Most grether Davet
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS P. F. 1/ 6902 Necel A.C.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Us. Adapell Head Rooming
IS. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
200 MIMMEDIATE CAUSE (A) Teaut Tar Cu	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8)	7
STATING UNDERLYING CAUSE LAST, DUE TO	teteriarellens
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	>.
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Name, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	BU LIGHT ALL INTERNAL COMPANY
White Not while	211. HOW DID INJURY OCCUR?
M.   et work   et work	
22. I hereby certify that I attended the deceased from	19. S. S, to
alive on 1/2 2.6	A.M. from the causes and on the date stated above.
SIGNATURE OL OF MANAGLANOS	ADDRESS (Street, city, town, stele) DATE SIGNED
S Walnut of July Wighter	3 Susterville, Mid. 11-27-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Slate)
BURIAL NOV. 29 1935 LOUD.	ON YARK YDALTIMORE, MARYLAND
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11-27-55 C. Harry Week	61/Wisms Cooks 200, 1217 ST. PAUL ST



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a purial transit permit.

V\$ A15C 1-55 10M

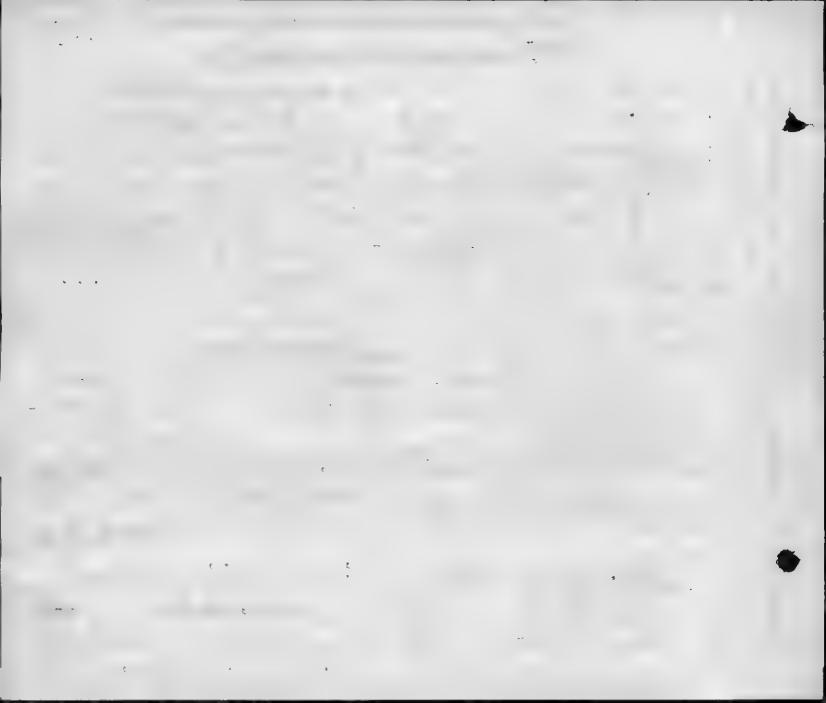
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10688

# 10693 CERTIFICATE OF DEATH

Reg. Dist. No. 7.14

1. PLACE OF DEATH			2, USUAL RESID	ENCE (HOME) OF D	ECEASED		
COUNTY Carroll	MARYLA	ND	STATE Mary	and county	Carroll		
CITY (If outside corporate limits, write RURAL	LENGTH OF	STAY	CITY (if outside co	orporate fimils, write RURAL	ind give nearest	fown)	
OR end give nearest lown)  OR Sykesville	12v 10s		OR TOWN STEP	ville			
HOSPITAL OR	Janes, y Janes	1 2 4	STREET		va location)	,	
STREET ADDRESS Springfield State	. Unamidani		ADDRESS			-	
3. NAME OF (first)	(Widdle)		(Last)	4. DATE (Mo	nthi (i	Day) (Yaar)	
DECEASED			-	OF			
(Type or Print) Mary	Hay		inton	DEATH 1		3 1955	
S. SEX 6. COLOR OR 7. SINGLE, A WIDOWEI	AARRIED, D, DIVORCED,	B. DATE OF		9. AGE fast birthday	Months   1		MIn.
F W (Spacify)	married	11-20	)-1886	68 yn.			
10a. USUAL OCCUPATION (G ve kind of work 10b done during most of working life, even if	OR INDUSTRY	1	1. BIRTHPLACE (State or I	oreign country)		CITIZEN OF WHAT	
retired) housewife	Stome	,	Maryland			U-S-A-	
13. FATHER'S NAME	- / / / / - /	1	14. MOTHER'S MAID	EN NAME			
? Will	iams		3.	333			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECUR	RITY NO.	17. INFORMANT	& ADDRESS			
(Yes, no, or unk.) (If Yes, give wer or detes of service)	The service of the se						
	19. MED	CAL CERT	rificAtion	Records		INTERVAL BETWEE	N
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH					ONSET AND DEAT	TH
492 XIMMEDIATE CAUSE (A) MYC	cardial De	20nera	tion			weeks	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B)	monitis (r	mknosm	etiologr)			J. Weeks	+
GIVING RISE TO THE ABOVE CAUSE DUE TO	•					~	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AP							
DISEASE OR CONDITION CAUSING DEATH Manic	depressive	Dench	oris, depress	ed phase		12 vears	+
198. DATE OF OPERATION 196. MAJOR FIND	NGS OF OPERATION		•			YES NO	XI
210. ACCIDENT WAS UNDERLYING []   216. PLACE	(Home, farm, fectory,	1 21	c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)	48
	reet, office bldg., etc.)			,	,,		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	210. INJURY OCCUR		If. HOW DID INJURY OC	CUR?			
м.	while Not v						
22. I hereby certify that I attended the	leceased from Oct	ober 1	2 - 19.55 to No	wamb 3 19.55	that I la	st saw the decea	ased
alive on Nov. 3 rd, 1958)	and that death one	coursed at	7 - 30 DA from th	e course and on the	data stated	shove	,,,,,
SIGNATURE			AI	DRESS (Street, city, low	n, sintej	DATE SIGN	NED
Calyrund Lus	Than	170				22 2 55	
23. BURIAL, CREMATION,   DATE THEREOF		METERY -	MARKY CONT.	lo Maryland	n, or county)	(State	(a)
BURIAL 11-6-19	55 Fre	edom		Carroll (		arvland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		0400	25. FUNERAL DIRECTO		AD	DRESS	
2 2 m' - 16x 1 2	10, - 1.		C. M. Wa	ltz, Winf:	ield.	Maryland	ā
DATE 70715.1950 . 3'12	eli il	C C	3 4 112				



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

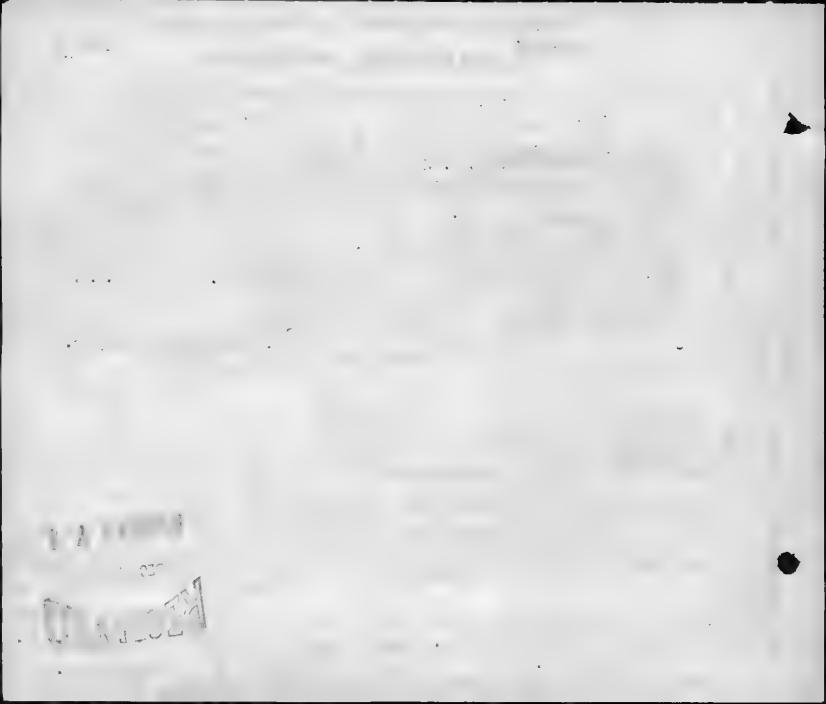
# 10584 CERTIFICATE OF DEATH

10689

1 2. USUAL RESIDENCE (HOME) OF DECEASED

PyOR. A Plante

(Where pregrace)						
COUNTY Carroll MARYLAND	state Penna. county Adams					
CftY (If outside corporate timits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (if outside corporate limits, write RURAL and give necrest town) OR					
Y TOWN Rural, Union Mills 6 Weeks	10wn Littlestown 75 x 3					
HOSPITAL OR (Westminster, Md. R.D.1)	STREET (If rurel give location) ADDRESS					
90 STREET ADDRESS Meadow View Convalescent Home	West King Street					
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)					
(Type or Print) Lillie M. Li	Lttle   DEATH 11/29/55 19					
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF						
Female White Specify Married May 2	, 1878 77 yrs. Months Days Hours Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
Hottsewife, Housework Own home	Adams County, Pa. U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Melchoir Slinghoff	Rebecca Bloom					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	JOHN WANT CORES					
(Yes, no, or unk.) (If Yes, give wer or deles of service) None	John W. Little, Littlestown, Pa.					
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH					
(-1	Fact to 1 traduci /1110					
422. FIMMEDIATE CAUSE (A) LICELLE ILLY	Children to the first the					
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)						
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISFASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO					
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	RIF. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from At Valo	1954 to NOV 17, 1955, that I last saw the deceased					
1 I I I I I I I I I I I I I I I I I I I	5:05 M, from the causes and on the date stated above.					
alive on	ADDRESS (Street, city; town, state) DATE SIGNED					
L CTTES M.O.	ittlicition 1 la par 19,1900					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (Stole)					
Burial 12/1/55 Mt. Carmel C	emetery Littlestown, Adams Co., Pa.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
DATE 12-1-15 Hamil Amilla	Littlestown, Pa.					



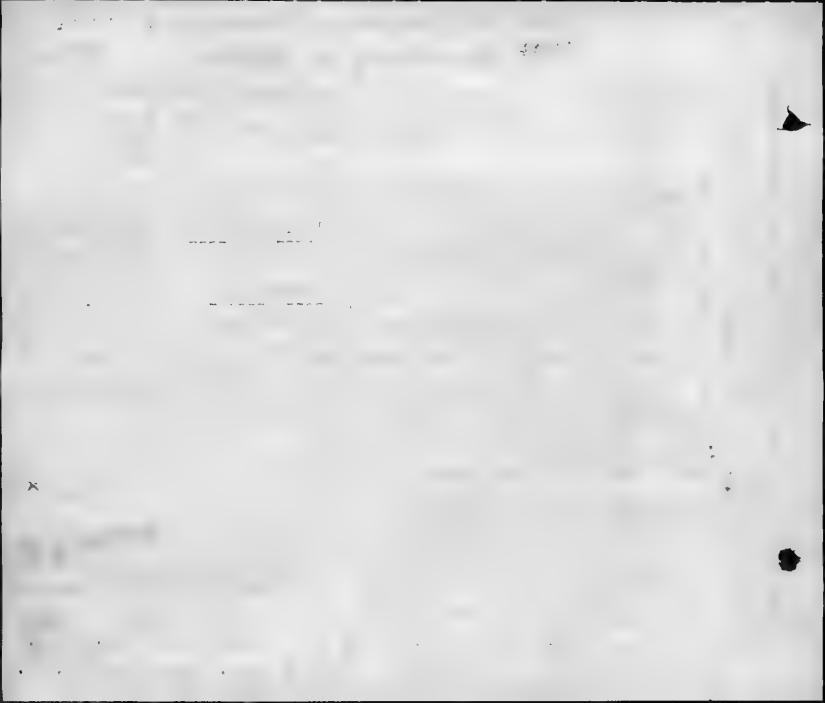
t i i

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10685 CERTIFICATE OF DEATH

10690 Reg. Dist. No.

	1. PLACE OF DEATH Syles VIlle	CE OF DEATH Syle 1/1 (Le 2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY CATTURE MARYLAND	STATE MICH COUNTY Ame	Arundel.				
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest					
	* TOWN DOWN = yeesville 10 days	TOWN Mitchellinle	UAX				
	HOSPITAL OR Stangfield State Hospital	STREET (ill rure) give location) ADDRESS	, )				
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (C	Day) (Year)				
	(Type or Print) Everett (none) 1.00		13 1,55				
	S. SEX  6. COLOR OR  RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacily) Married  12	EUUE IN THE STATE OF THE STATE	Days   Hours   Min.				
	10s. USUAL OCCUPATION (Give kind of work done duning most of working life, even il Tobacco farmer Tenent 11. BRTHPLACE (State or loreign country)  12. Wayland  12. Mayland						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Kichard Loveless	recetament Julia	A. Wells				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, ne) or unk.) (II Yes, give wer or deles of service)	17. INFORMANT & ADDRESS					
	million	Hospitel reisords					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION '	INTERVAL BETWEEN ONSET AND DEATH				
	Pulauruan	1 The leven losis	Year				
	00 82 8		1				
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
٠,	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING C. B. S. Duce to C.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
ľ	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	arcord and 1000 side mais	years				
5	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, lactory, OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County)					
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work A. et work	28. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from 11/3	19.55, to 1/ / 13 , 19.55, that I la	st saw the deceased				
	alive on 11 13 , 19 55 , and that death occurred at.	5 42 P.M. from the causes and on the date stated a	above.				
55 10M	signature Gertride M. Govn, M.D. Spr	rugheld State 100 ft. Sylves 16	Q 11/13/5				
÷ l	23. BURIAL, CREMATION, DATE THEREOF INAME OF CEMETERY OR ( REMOVAL (SPECIFY)	CREMATORY LOCATION (City, Iown, or county)	(State)				
\ \ \ \	Burial 11/16/55 Trinity Cen	metery Upper Marlboro	Md.				
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS				
	DATE PAROL 12, 1955 P. America Weir	Ritchie Bros. Upper Marl	boro, Md.				



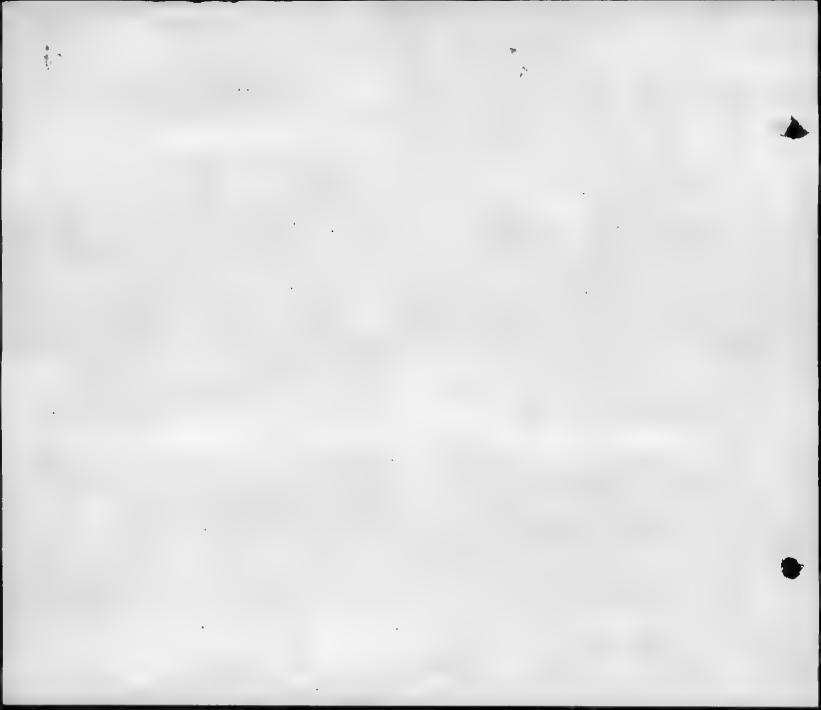
OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE,	18	1069	
500×6	CEF	RTIFICATE	OF	DEATH	Reg.	Dist	. No. 79	1

		717				
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:			
200	COUNTY Carroll MARYLAND	STATE Maryland COUNTY				
<u>ű</u>	CITY (If outside corporate limits write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)			
2	OR and give nearest town) (in this place).	OR	· ·			
10	X TOWN Rural - Sykesville since 9/9/52	TOWN Baltimore City	5 0 .4.			
	HOSPITAL OR	STREET (If rural give location)				
ב ע	STREET ADDRESS Springfield State Hospital	903 Bradford	✓			
3	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (	Day) (Year)			
5	DECEASED: Togonh TIT	PNER				
ב ע	(Type or (Title)	DEATH: NOVEMBET				
[ ]	RACE WIDOWED, DIVORCED.	Months   T				
2	male white Married March	27, 1867   88 yrs				
D D	TOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT			
2	arran if vationally	Bohemia Un	ited States			
ע	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
3		77-1				
ן ני	Antony Lutner	Katerin ?				
T M	18. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:				
D .	unknown of service) unknown	Records of Springfield State	Hospital			
d l	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN			
5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
	447X	-				
2	IMMEDIATE CAUSE (A) Bronchopneum	5 days				
3	ANTECEDENT CAUSE (S)		more than			
Ž.	DISEASES OR CONDITIONS, IF ANY. (B) Arterioscler	osis with hypertension	3 yrs.			
	STATING UNDERLYING CAUSE LAST					
3	(C)					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		I mana +			
2	DISEASE OR CONDITION CAUSING DEATH. PSychosis Wi	th senile brain disease	more than			
ď	19A. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	yrs.			
=			20. AUTOPSY?			
<u> </u>			,			
ecia	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Countete. INJURY OCCUR?	ty) (State)			
is esp	OF INJURY  M. 21E INJURY OCCURRED While Not while at work work	21F. HOW DID INJURY OCCUR?				
36	22. I hereby certify that I attended the deceased from Nov.	25, 1952, to Oct. 31, 1955, that I last	saw the deceased			
ct a	alive on Oct. 31 . 1955, and that death occurred at 6:30AM, from the causes and on the date stated above.					
rre	Inal Jom, M.D Martin Gross, M		/1/55			
S	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	county) (State)			
	Burial Nov. 4, 1955 Oak Hill	Baltimore Md.				
		24. FUNERAL DIRECTOR	ADDRESS			
	REGISTRAR 11/2/2	The dated a done Goo a choo				



1. PLACE OF DEATH

VS A15C 1-55 10M

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10687

CERTIFICATE OF DEATH

10692

2. LIGUAL DESIDENCE (HOME) OF DECEASE

COUNTY Carroll	STATE Maryland COUNTY Battimore City CITY (If outside corporate limits, write RURAL and give nearest town)						
CITY (If outside corporate limits, write RURAL OR and give neerest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR						
X TOWN Sykesville	TOWN Baltim	orell. Md	3	VO1-4			
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(M rural giv	e location)				
15 STREET ADDRESS Springfield State	Hospital		Catalpha Rd.		V		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Da	y) (Year)		
(Type or Print) Henry	( Maj	ish) Maisch	DEATH 17		ופלל		
5. SEX   6. COLOR OR   7. SINGLE, MARI			9. AGE last birthday	IF UNDER 1 YE	) }		
M WIDOWED, DI	IVORCED,	25 - 1873	82 yrs.	Months Da			
10a. USUAL OCCUPATION (Give kind of work   10b, KI	ND OF BUSINESS	11. BIRTHPLACE (State or fore			TIZEN OF WHAT		
	r industry ints	71	16 -		OUNTRY? S.A.		
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	1 0.	D.M.		
Henry <sup>M</sup> aish		Mary Russ	רום				
	6. SOCIAL SECURITY NO.	17, INFORMANT &					
(Yes, no, or unk.) (If Yes, give wer or dates of service)	unk	we Decided	D _ a 3 _				
W.	18. MEDICAL CER	Fospital	necoros		INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			7 11		ONSET AND DEATH		
422 IMMEDIATE CAUSE (A)	Arteriosclerot	olc cardlovasc	ular disease		춫 y +		
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B)							
STATING UNDERLYING CAUSE LAST. DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING UNT	brain syndr.as	s.with distur	b.cf metabol	ism			
	or nutr.with s				veers		
198. DATE OF OPERATION   196. MAJOR FINDINGS				2D. AUTOPSY?			
					YES NO T		
216. ACCIDENT WAS UNDERLYING [ 216. PLACE (Mon OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		116. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)		
2ld, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 2le		21f. HOW DID INJURY OCCUR?					
M, at v	vork Not while						
22. I hereby certify that I attended the dece	eased from 10-29-	19.55 toll-	5 <del>19.5</del> 5.	that I lest	saw the deceased		
alive on 11-1;- , 1955 and	d that death occurred at	9:02 AM, from the	causes and on the d	late stated at	oove.		
SIGNATURE		ADD	RESS (Street, city, town	n, stata)	DATE SIGNED		
Edunal Lustro	Eus M.D.	Sylv	bM affive	Nov	ב זסבב		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fowr	, or county)	(State)		
Burial Nov. 8, 1955 Woodlawn Cemetery Baltimore, 12							
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADD	ESS			
DATE 7400, 5, 1935 1 FART	Leonard J.	Ruck, 5305	Harford	Koad #14			



### 2. USUAL RESIDENCE (HOME) OF DECRASED 1. PLACE OF DEATH Carroll STATE Maryland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL end give neerast town) (If outside corporets limits, write RURAL LENGTH OF STAY since 3/29/52 Jural - Sykesville TOWN Baltimore City (If rural give location) STREET HOSPITAL OR **ADDRESS** INSTITUTION OR 2259 Reisterstown Rd. STREET ADDRESS Springfield State Hospital [Middle] (Lest) 4. DATE (Month) (Year) 3. NAME OF OF DECEASED LeGrande DEATH (Type or Print) Arthur November 10 McMANN IF UNDER 1 YEAR HE UNDER 24 HRS 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday WIDOWED, DIVORCED. RACE Months Hours About white (Spacify) single male unknovm CITIZEN OF WHAT 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) COUNTRY? OR INDUSTRY electrician United States Grandhaven, Michigan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unk.) Iff Yas, give wer or detes of service) Records of Springfield State Hospital no . INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH davs Bronchopneumonia IMMEDIATE CAUSE more than DUE TO ANTECEDENT CAUSE(S) Generalized arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) probably II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Psychosis with cerebral arteriosclerosis 10 yrs. DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO (Stele) 21s. ACCIDENT WAS UNDERLYING [ 21b. PLACE [Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or Iown) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from June 9. 19.52 to Nov. 9 19.55 that I last saw the deceased 19.55 and that death occurred at 7:10 A.M., from the causes and on the date stated above. alive on.... ADDRESS (Street, city, town, stele)

NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

Martin Gross, M.D.

Nov. 12,1955

REGISTRAR'S SIGNATURE

Sykesville, Maryland

25. FUNERAL DIRECTOR'S SIGNATURE

LOCATION ICity, town, or county)

Baltimore, Marylano

should certificate assembly 10M death cer AISC 1-55 A15C 24. MCC'D BY REGISTRAR

BURIAL, CREMATION,

REMOVAL (SPECIFY)

Burial

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DIRECTOR: The law

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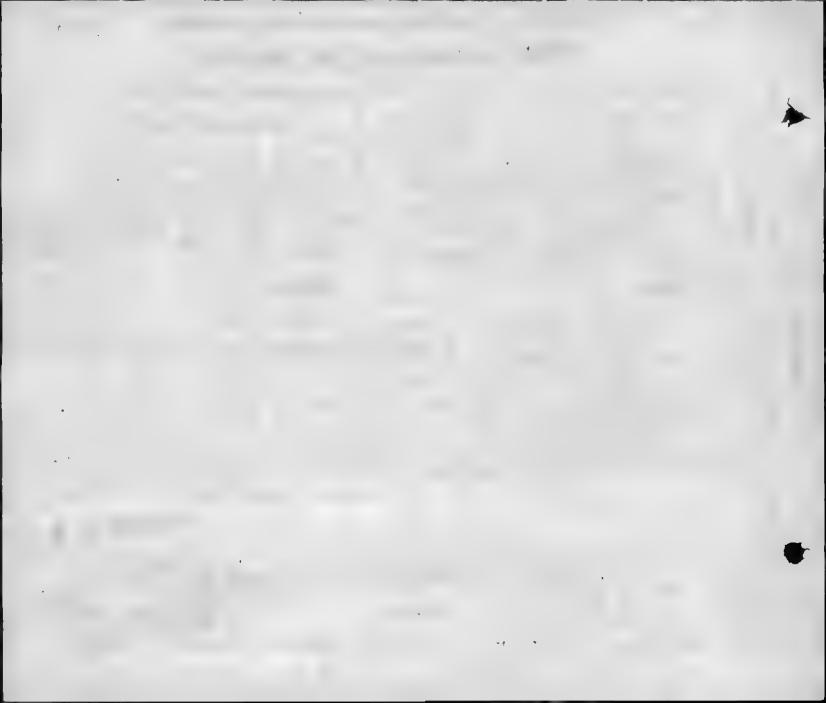
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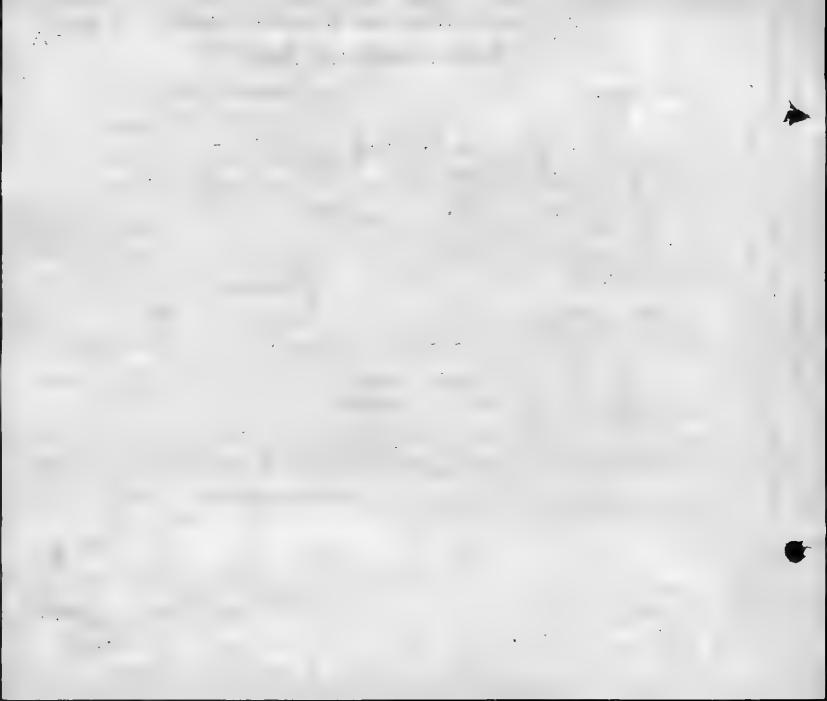
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10689 CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH				2. USUAL RESID	ENCE	(HOME) OF D	ECEABEI	D		
COUNTY CARROLL		MARYL	AND	STATE Maryl	and	COUNTY				
CITY (If outside corporete limits,	write RURAL	I LENGTH O	F STAY	CITY (If outside co		limits, write RURAL a	nd give near	rest town)	)	
OR end give neerest town) TOWN Rural - Syk	of Firms	(in this p	10 days	OR TOWN Ralt	4mai	re-13		5.	Vo/	,
7	SPATITE	T 1110 a	TO GEN a				3 5 5	_		Sough
HOSPITAL OR				ADDRESS		ast Redem		reet	and/	or
STREET ADDRESS Spring	field Sta	te Hospita	E	361	l R	aymonn Av	enue			¥
3. NAME OF Fire	)	(Middle)		(Lasi)		4. DATE (Mor	nth)	(Dey)	(Yee	er)
(Type or Print) Geo	remo.	G.		Meckes		OF DEATH ]	1	3		55
5. SEX   6. COLOR OR	7. 51NGLE, /		I 8. DATE OF		1.0	AGE lest birthdey	IF UNDER	-	19 [IF UNDER	
RACE_	WIDOWE	D. DIVORCED.					Months	Days	Hours	1 Min.
Male   Whit	e (Specily)	Widowed	11/	12/66		58 уп.	311011113	Days	1,04,5	*******
10e. USUAL OCCUPATION (GIVe kind		, KIND OF BUSINES	\$ 1	1. BIRTHPLACE (State or fo	oreign co	ountry)	12		N OF WH	AT
done during most of working life	, even if	OR INDUSTRY		0				COUN	TRY?	
Machinist  3. FATHER'S NAME				Ge Tharty	NI ALA M	c		USA		
o. Inner a tour				14. MOTHER 3 MAILE	IN PUMM	16				
George Mecke	8			Elizabet	h Me	eckes Bra	ndt			
15. WAS DECEASED EVER IN U. S.		16. SOCIAL SEC	URITY NO.	17. INFORMANT	& ADDR	ESS				
(Yes, no, or unk.) (If Yes, give wer	or dates of service)	218-09-79	Acres	Danami	Curan	the second and the	04.45	TToom	rate.	
		18. MEI		TEICATION	DDI.	ingfield	otave	HUSI	RVAL BETY	VEEN
1 DISEASES OR CONDITIONS DIREC	TLY LEADING TO DI	ATH	DICKE CER	IFICATION					SET AND D	
420. IMMEDIATE CAUSE	(A) _M	yocardial	infanct	ion					lavs	
	1, 1,	7							rano	
ANTECEDENT CAUSE(S)	DUE TO	oronary in	enffici	aner				6	lays	
DISEASES OR CONDITIONS, IF AN	SÉ	or orierly in	MAT+*A*	CILOJ			<del></del>		AGC/ C	
STATING UNDERLYING CAUSE LAS				T		34 7 -		]		
LE OTHER SIGNIFICANT CONDITIONS				iosclerotic				ease	year	<u>rs</u>
TO THE DEATH BUT NOT RELATED	TO THE	Chronic bi	rain syn	drome associ	.ate	d with ser	nile	1		
DISEASE OR CONDITION CAUSING				th psychotic	TE	action			t year	
190. DATE OF OPERATION	196. MAJOR FIND	NGS OF OPERATION	4						AUTOPS	
21e. ACCIDENT WAS UNDERLYING	TO 1 211 DIAGE	dit.	. 1 21	. WHITE DID INTHEST OF	COBS (		10	YES		لغلا
OR CONTRIBUTING   CAUSE OF DEA	TH OF INJURY st	(Home, farm, factor, reet, office bldg., etc.		WHERE DID INJURY OC	CUR? (	City or fown)	(Coun	fy)	(State	)
(IF EITHER, NOTIFY MEDICAL EXAMINE										
21d. TIME OF INJURY (Month) (De	y) (Yeer) (Hour)	21e, INJURY OCCU	JRRED 2	II. HOW DID INJURY OC	CUR ?					
	M,		work 🔲							
22. I hereby certify that	I attended the d	deceased from 3	10/15	19 55 to	11/	3 10 55	that I	last say	w the de	hasees
alive on 11/2	210 55	Abob   1000		5:35AM, from the		-1 -1	,	1 1	1110 000	200300
SIGNATURE	1 1	and man deam	occurred ar	AD	Cause	s and on the case (Street, city, town	dare state		e. D <b>ate s</b> i	ANTE
71.	1. 111	9 1.							22 (2	(med
-aurung 2	can		M.D.	Sykesvi					11/3	155
23. BURIAL, CREMATION	DATE THEREOF	NAME OF	CEMETERY OR C	KEMATORY	LC	CATION (City, town	n, or county		(5	State}
	Nov 5, 1	.955 Emn	nanuel			Baltimo	re Mo	4		
24. REC'D BY REGISTRAR	REGISTRARYS SIGNA		_1	25 FUNERAL DIRECTOR	'S SIGN	IATURE		ADDRESS		
	Harnes	21	C	1 41	1.0	521161		1	1.au	07
DATE	~ TO nnil	1111011		TIGATI TO JOHN	101	1011 701	UINUI	7./1 4.4.	1 1 (1)	man and



the mgistral within 72 Nours all and death. After this in by the funeral director, the third copy of this

CENTRAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10690 CERTIFICATE OF DEATH

10695

			Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	BED
COUNTY CARRELL	MARYLAND	STATE GLARGE	ud COUNTY	
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (it outside corporate	limits, write RURAL and give	nearest town)
X TOWN SYKESTYLLO	5 years	TOWN BACK	cuere.	4 5 3 1
HOSPITAL OR 12 ASI	. 11. 1 .	STREET ADDRESS -	(Il rural giva locati	on)
STREET ADDRESS JURILIA FIELD FILL	e norpetal	3/1/12	renday due	1
3. NAME OF (First) (A	viddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) HNNH MCh	inger		DEATH HETE	, 11 1955
5. SEX 6. COLOR OR 7. SINGLE, MARKEE  RACE WIDOWED, DIVE	DOCED		AGE lest birthday IF UN	DER 1 YEAR   IF UNDER 24 HRS.
fell: white (Specify) wis		5-80	/15 уп.	
dona during most of working life, even if OR I	OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
retired housewife	the soul	Ballung	e me	U.S. 17.
13. FATHER'S NAME	•	14. MOTHER'S MAIDEN NA	ME	
Heury newaster		I sauch for	elles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yas, no, of unk.) (II Yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS	
Think -	and the same of th	Horpita	l'Acces	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDIGAL CER	TIFICATION /		ONSET AND DEATH
442 XIMMEDIATE CAUSE (A) CENT	tral Helle	relate.		hours
ANTECEDENT CAUSE(S) DUE TO	m. Inuis	en di-tail	en dinan	1000
DISEASES OR CONDITIONS, IF ANY, (B)	<u>un union</u>	curaco ruriac	id's colection	yers_
STATING UNDERLYING CAUSE LAST, DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2	- 1 0 - 1	L - a A	More Kial him
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	letter with L	Crinal anux	o-scelares	years
198. DATE OF OPERATION 198. MAJOR FINDINGS C	OF OPERATION			ZO. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home,		TIE. WHERE DID INJURY OCCUR?	(City or town) (C	County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, of	fice bidg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While		211. HOW DID INJURY OCCUR?		
M.   et wo	rk L et work L	- 41/11	,	
22. I hereby certify that I attended the decease	sed from 5/3/			it I last saw the deceased
alive on ////	that death occurred at		ses and on the date st	
PROTECT SALLEN SINGLASSIA MIT SUAL	ation dates	March Yall S. Ka. C	88 (Street, city, town, state)	1. 11 1000
23. BURIAL CREMATION.   DATE THEREOF	I NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or co	1/-//-/73J
SEMOVAL (SPECIFY)	210	7	17	D. Great
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Je 67/	1 25. FUNERAL DIRECTOR'S SIG	INATURE	ADDRESS
www. Thomas II KICS R WHELLAND	71/1111	Allier to France	A .	Sur Blen St



24 hours after death.

certificate be executed within

NSTRUCTIONS

TO ATTENDING

A15C 1.55 10M

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 19691 CERTIFICATE OF DEATH

10696

Reg. Dist. No....

Harlak

1. PLACE OF DEATH	2.	USUAL RESIDENCE	CE (HOME) OF DECEASED	
COUNTY Carroll	MARYLAND	STATE Maryland	i county Mong	tomery
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (it outside corpore	te limits, write RURAL and give neer	rest town)
V TOWN Rural - Sykesville	2 Mos.10 days	OR TOWN Chety	Chase	1 1
HOSPITAL OR	2 1100 20 4430	STREET	(If rural give location)	1-1-
INSTITUTION OR		ADDRESS		
STREET ADDRESS Springfield State			Walsh Street	· ·
3. NAME OF (First) DECEASED	(Middle) (Les	1)	4. DATE (Month)	(Dey) (Year)
	BROOKHART NIE	SS	DEATH 11	2 1955
5. SEX   6. COLOR OR   7. SINGLE, MARI	RIED, 8. DATE OF BIR	TH 9.	AGE lest birthdey   IF UNDER	1 YEAR   IF UNDER 24 HRS
Male White (Specify) Ma	arried 10/4/8	,	71 yrs. Months	Deys Hours Min.
		BIRTHPLACE (State or foreign		. CITIZEN OF WHAT
done during most of working life, even if	R INDUSTRY	•		COUNTRY? USA
	ternal Revenue De	•	nsylvania	USA
IS, FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John H. Niess		Sarah Br	uckhart	
	6. SOCIAL SECURITY NO.	17, INFORMANT & AD	PORESS	
(Yes, no, or ank.) (If Yes, give wer or deles of service)	in the fitter for more	- constant	Springfield Stat	o Unendend
1/11/4	18, MEDICAL CERTIFI		Sherustrata Star	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	I MILLIONE GARTIN	CATION		ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) MYOCE	ardial infarction			davs
DIII TO				
	riosclerotic hear	t disease		vears
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(c) Gene:	ralized arteriosc	lerosis		years
TO THE DEATH BUT NOT RELATED TO THE ARTER TO SEE TO THE OR CONDITION CAUSING DEATH ARTER TO	ronic brain syndr	ome associat	ed with cerebral	
DISEASE OR CONDITION CAUSING DEATH arterios	scle rosis, with p	sychosis, Par	rkinsonism	6 years
190. DATE OF OPERATION   196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 1 21b PLACE (Hos		HERE DID INJURY OCCUR?	(City or lown) (Coun	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, [IF EITHER, NOTIFY MEDICAL EXAMINER]	onice bidg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e		IOW DID INJURY OCCUR?		
	work at work			
22. I hereby certify that I attended the dece	aced from 10/7	10 55 10 11/	2, 19.55 , that I	last caw the deceased
	that death occurred a 177.	20Pu	t the data data	1 1 -
SIGNATURE 1	inal death occurred amend		uses and on the date stated ESS (Street, city, town, stale)	DATE SIGNED
Collewood Just	a 11 -			77 /2 /55
23. BURIAL, CREMATION,   DATE THEREOF, -	M.D.		ille, Marylam  LOCATION (City, town, or county)	11/3/55 (Stele)
REMOVAL (SPECIFY)	10 - L LI- (I)	AION	DATE I TO THE TOTAL TOTA	) / () (51616)
54444 1/1/0/0V	ICap Au		tathergren,	1º Como
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25	. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE 1-01 3. 1955 6 2402	421 7111111 X	MITHIA	nhh 1 m 202	4 1: M/4
	1. 62 6 8		-100 x101 1111	- 11/01/1/1/



siter death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1069 CERTIFICATE OF DEATH

		,	100	91
Re	eg. Dist.	No		
OF DI	ECEASED	)		
UNTY				
	nd give neer	ast town)		
У			27	: 1/
	re location)			-
St	•			V
(Mon	rh)	(Dey)	(Ye	or)
н И	ov.	13	19	55
day	IF UNDER	1 YEAR	IF UNDER	24 HKS.
yrs,	Months	Deys	Hours	Min.
	12.	COUNT	OF WH	AT
		ali		V
fie	ld Sta	te H	osp.	
			ET AND D	
		wat w	nites	
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asa	more	than	<u>5</u> y	rs_
	11	11.	tt	
				11
	н	Ħ	3 v	rs
			AUTOP	SY?
		YES	☐ NK	
	(Count	γ)	(Stele	)

1. PLACE	F DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED	<del></del>
COUNTY	Carroll	MARYLAND	STATE Md.	COUNTY		
CITY (If	utside corporate limits, write RURAL give neerest lown)	LENGTH OF STAY (in this place)	CITY (If autside carpa	rale limits, write RURAL and give n	serest fown)	
X TOWN	Sykesville	3 vrs	2011/01	more City		1/ /
HOSPITAL	OR .		STREET ADDRESS	If rural give location	)	
STREET AD		tate Hospital		E. Pratt St.		
3. NAME O	F (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey)	(Year)
(Type or P	darmine Carmine		Motte or NITT	DEATH NOV.	13	19 59
S, SEX	6. COLOR OR 7. SINGL	E, MARRIED, 8. DATE (	t play	P. AGE lest birthday IF UND		F UNDER 24 Hours 1/
H	W (Special	b) M SELTIP	MBER 6 1884	71. ув.		- 1
done duri	CUPATION (Give kind of work	10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN COUNTR	TARW TO
retired'	Labor P. R. R.		Italy		alie	en
13. FATHER'S	AME		14. MOTHER'S MAIDEN	NAME		
Ver/	NICOLA NOTTE		ANNA ARCA	RA		
(Yes, no, or uni	Iff Yes, give wer or detes of service		17. INFORMANT & A			
no		717-07-0302		f Springfield St		
I DISEASES C	CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CEI	RTIFICATION			AL BETWE
1100 10	MMEDIATE CAUSE (A)	Coronary occlusi	on		ກນ້ຳກາ	ntes
-	TECEDENT CAUSE(S) DUE TO					
DISEASES OR	ONDITIONS IF ANY IRI	Decompensated ar	terioscler, he	art disease more	than	<u>5 yr</u>
STATING UND	THE ABOVE CAUSE			tı tı	111.	11 11
II OTHER SIGN	CANT CONDITIONS CONTRIBUTING	Generalized arts	riosclerosis.			11 11
	H BUT NOT RELATED TO THE	Senile brain dis	0200	tt .	Ħ	3 vm
DISEASE OR		INDINGS OF OPERATION				AUTOPSY?
190. DATE OF					YES	NO
19a. DATE OF	WAS UNDSDIVING IT I 215 DIA	CI Name In the Int	21- WHERE DIS INTERNA OCCUR	2 (6)		250-1-1
19e. DATE OF	WAS UNDERLYING [] 215, PLA	CE (Home, farm, fectory, Y street, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	? (City or town) (Co	unty)	(Stete)
190. DATE OF	Y MEDICAL EXAMINER) OF INJURY	Y street, office bidg., etc.)	21c. WHERE DID INJURY OCCUP 2H. HOW DID INJURY OCCUP		unty)	(Stele)

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death Certificate be executed within the bottom copy may be retained by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

BUREAU V. S. DECENTED.

÷ :=

NSTRUCTIONS

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING FIVE SECTION OF HOSTITAL: The law requires that The botter cmpy may be mained by the Enspiral or attending Enspiran.

1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10698

### 10693 CERTIFICATE OF DEATH

1.2 USUAL DESIDENCE (MOME) OF DECEMBED

		1		
COUNTY ( A COOK	MARYLAND	STATE	COUNTY	Armh
CITY (If outside corporate limits, write RURAL OR end give nearest lown)	LENGTH OF STAY (In this place)	CITY (II outside corpore	te limits, write RURAL end give ne	erest town)
X TOWN NOW I AND A W	1.16	TOWN K.	. 11 1 4 4 4 4	X
HOSPITAL OR	. 1 201 5	STREET	(il rural give location)	1
STREET ADDRESS		ADDRESS		
				(David
3. NAME OF	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)	MINER	CITO	DEATH //	8/ 1955
S. SEX 6. COLOR OR 7. SINGLE, M	ARRIED, 8. DATE (	OF BIRTH 9.		RTYEAR IF UNDER 24 HRS.
MAL (Specily)	Games and Chal	10-1877	78 yrs. Months	Days Hours Min.
	KIND OF BUSINESS	11. BIRTHIPETACE (State or loreign	country)   1	2. CITIZEN OF WHAT
done during most of working life, even il	OR INDUSTRY PO	(Usian //	O MID	COUNTRY?
13. FATHER'S NAME	14.11.11.11.01	14. MOZHER'S MAIDEN NA		
0 04	1	G 4	1//	44
THOMAS (+, UEC		1 CATHER	INE MI	vez
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (II Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	7/1
(Yes, no, or unk.) (Il Yes, give wer or detes of service)	705-10-47	77 /1/1AR	RIAM C	tto
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION '		INTERVAL BETWEEN
A	1 1 1	. 11 ) 77	1	ORSCI ARD DEATH
1420 IMMEDIATE CAUSE (A) 110	teriospheriti	c Heart VI	sease	4 4:5
ANTECEDENT CAUSEIS DUE TO	Cheralized	B. Janine L.	1	5/100
GIVING PISE TO THE AROVE CALISE	- MESPECH & CA	Hnteriosc/e	. 7 (/3/)	
STATING UNDERLYING CAUSE LAST, BUE TO				,
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Serbeal But	Erroscleresis	YULL Convolsion	1400
TO THE DEATH BUT NOT RELATED TO THE	rautured Sk			14 Mes.
190 PATE OF OPERATION 196 MAJOR FINDIN				20. AUTOPSY?
				YES NO P
	Home, Jerm, Jectory,	21c. WHERE DID INJURY OCCUR?	(City or town) (Cou	inty) (Stele)
OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY AND (IF EITHER, NOTIFY MEDICAL EXAMINER)	sel, office bidg., etc.)	KEY roller	Clrholl	hid.
	21e. INJURY OCCURRED	211. HOW DID INJURY DCCUR?	1 1 :	
	et work el work	rell thor	n louder	
22. I hereby certify that I attended the de	eceased from 11/27	1951 to 11/2	2/, 19.55, that I	last saw the deceased
alive on 1112155, 19				
SIGNATURE	4		ESS (Street, city, lown, stele)	DATE SIGNED
K. A. Milaux	M.D.	Trueston	- Med	11/21/55
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or count	y) (State)
REMOVAL (SPECIFY)	int The	10/15	Mary Keren	1 11- 11-1
24. REC'D M' REGISTRAR REGISTRAR'S SIGNAT	TIPE	1725 FUNERAL DIRECTOR'S SI	GNATURE /ICY/V	ADDRESS
Si La Diellie Gillia	2/2//	10	41/2 11.	1 D =1 MI
DATE MOV. 23 1933 XESTED &	1101218	TANIMANIA	K WRIGHT UN	16 h held 60/11/1



*	nation carefully. The correct learly and legibly.
MARGIN RESERVED FOR BINDING	H UNFADING INK. Supply every item of information carefully it. Physicians: please write the causes of death clearly and legi
VS. A15A - 5 - 53	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply evage is especially important. Physicians: please write the

MEDICAL EXAMINER'S CER	TIPICATE OF DEATH No. //	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY PARASIC MARYLAND	STATE Mile COUNTY CRANKEL	
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)  TOWN Tours (Very leavelle.)	CITY (If outside corporate limits write RURAL and give nearest tow OR TOWN Sunaf Complete RURAL and give nearest tow	rn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If Firal, give location) ADDRESS	
S. NAME OF (First) (Middle) DECEASED: (Type or Print)  MALL  E  TE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / Loc), 25 1955	5
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Marking 10-	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 1	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired);	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI	HAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ASMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.;	17. INFORMANT & ADDRESS:	>te
18. MEDIC.	AL/CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETW	
OO 2 X tues	- lele-audismil 121can	
Immediate cause  DUE TO	7	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	ON THEODIS AND COMMONDERS SANDOLD AND MATERIAL PROPERTY OF THE STATE O	******
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY Yes □ No	
Zia. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., etc. CAUSE OF DEATH.	•,	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describe		
	dent [], Suicide [], Homicide [], Undetermined cause	
signature of Thursday	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	ED
25. HURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER		e)
REMOVAL (Specify): // 20 ==	is The Confinence of theresed &	229 D
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	/ 24 FUNERAL DIRECTOR ADDRESS	3
How 27 1955 C Harry Will	Wester A. Hought Congressed your	Ì



INSTRUCTIONS

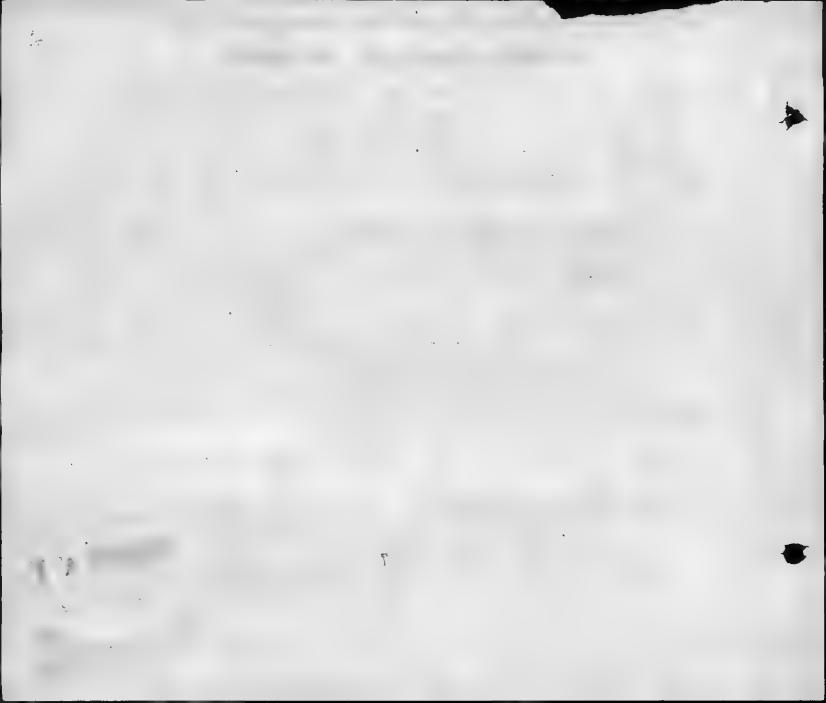
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10695 CERTIFICATE OF DEATH

10700

leg. Dist. No.....

12 PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carroll MARYLAND	STATE Maryland county	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown) (In this place)	CITY (If outside corporeta fimits, write RURAL and give nested) OR	town)
X rown Rural - Sykesville 7 Mos. 2 days		1 1 1
HOSPITAL OR	STREET (If rural give location)	
15 STREET ADDRESS Springfield State Hospital	ADDRESS 1705 Carswell Street	J
3. NAME OF (first) (Middle)		(Yeer)
(Type or Print)  JOHN  FRANCIS	PARKS DEATH 11/ 2	18/ 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED, 2/24/		EAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		CITIZEN OF WHAT
retired contractor's work 41-14		SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Parks	Sadie B. Parks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (if Yes, give wer or detes of service)	Record, Springfield State H	ospital
18. MEDICAL CERT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Myocardial infarction	on	days
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) Arterioscleratic he GIVING RISE TO THE ABOVE CAUSE	eart disease	years
STATING UNDERLYING CAUSE LAST. DUE TO Generalized arterios	nolowest a	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE PROPERTY O	scierosis	years 2 years
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Brain Synd TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, brain disease with psy	Trome associated with senile	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	Tactiffe Tight Tellar	7 Weeks
		YES NO
	Tc. WHERE DID INJURY OCCUR? (City or town) (County)	(Steta)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   hospital	Sykesville Carr	oll Marylar
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED White Not while	ZIF. HOW DID INJURY OCCUR?	
10 755 M, etwork atwork K	Patient slid from chair to flo	or.
	, 19.55 to 11/28 19.55 that I las	st saw the deceased
alive on 11/28, 19.55 and that death occurred at.	12 NOAPfrom the causes and on the date stated a	bove.
SIGNATURE TO COLOR A DANT	ADDRESS (Street, city, town, state)	DATE SIGNED
Descella distinumentalisto.	Sykesville, Maryland	11/28/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Jown, or county)	(Stete)
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  12-1-55  12-1-55  12-1-55	and Ballimore	, Tref.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS
DATE MON. 29, 1955 Orafarry Tileer	Willook Sec. 12/74+ Pani	44. Bolls



the registral within 7.2 nous after death. After this in by the funeral director, the third copy of this

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10696 CERTIFICATE OF DEATH

10701

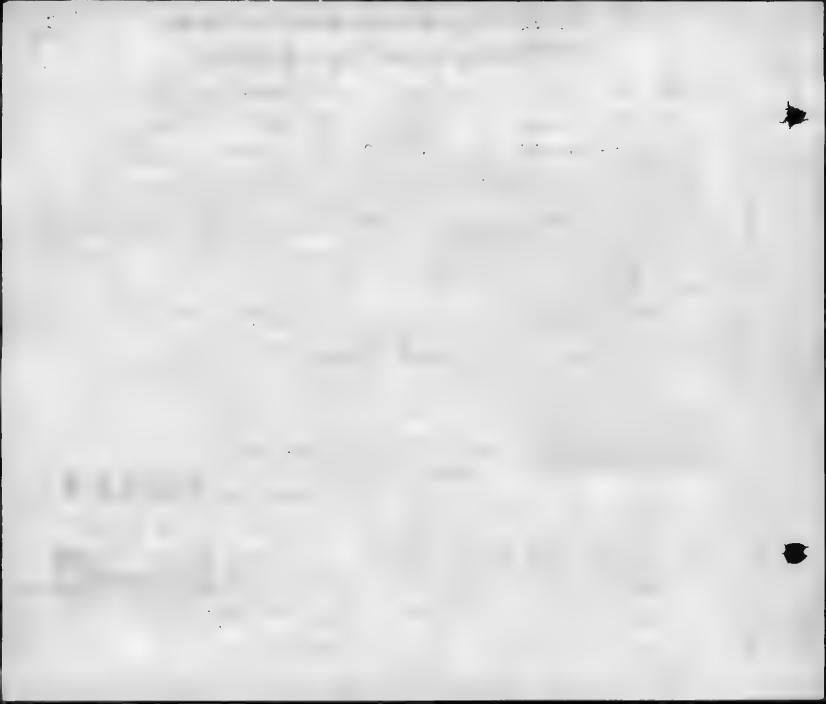
Reg. Dist. No.

COUNTY CATTOL  CITY (If subsides copposed hands, write RURAL  CITY (If countides copposed hands, write RURAL  CITY (If countides copposed hands, write RURAL  CITY (If countides copposed hands, write RURAL and give nearest fown)  TOWN Bullings  FOR RURAL OR  STREET ADDRESS Springfield State Hospital  3. NAME OF (Fun)  STREET ADDRESS Springfield State Hospital  3. NAME OF (Fun)  Joseph  5. SEX 6. COLOR OR 7. SINGLE, MARRID.  WINDOWCO, DIVOCCD, WIND	I. PEACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF D	ECEABED
CTY (if outside corporate limits, write RURAL and give nearest town)    COWN Rural - Sykesville	COUNTY Carroll	MARYLAND	STATE Marylan	d COUNTY	
NAME OF   (Part)   (Middle)   (Latt)   STREET ADDRESS   Springfield State Hospital   STREET ADDRESS   STREET ADDRESS   Springfield State Hospital   Street   Street Address   Springfield State Hospital   Street	CITY (if outside corporate limits, write RURAL	LENGTH OF STAY	CfTY (If outside corporat		nd giva nearest town)
Comparison of the property o	TOWN	lad as a second	TOWN -	0700	3 /21
STREET ADDRESS Springfield State Hospital  3. NAME OF (Puri) (Middle) (Last)  3. NAME OF (Puri) (Middle) (Last)  4. DATE (Month) (Day) (Your)  SEATH 11 9 19 55  5. SEX 6. COLOR OR RACE (T. SINGLE, MARRIED. MIDOWED, DIVORCED, MARCE (Middle) (Specify) Widowed, 1/10/68 9, AGE last birthday if UNDER 1YEAR is UNDER 24 MES, Months and the Minited (Specify) Widowed 1/10/68 9, AGE last birthday if UNDER 1YEAR is UNDER 24 MES, Months and Months and the Minited of Work (Middle) (Specify) Widowed 1/10/68 9, AGE last birthday if UNDER 1YEAR is UNDER 24 MES, Months and Months an	HOSPITAL OR	12 2 19 V	STREET	The state of the s	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Yest) (Type of Plan) Joseph Joseph Poist 9. AGE last birthday (Month) 19 19 55  5. SEX 6. COLOR OR 7. SINGLE MARRIED (Specify) Widowed 1/10/68 87 yrs. Months Days (Months) Days (Mont		Peretto?		inden Arrani	
Type of Print    Joseph   Poist   DEATH   1   9   19   55	- hittigitera prace				
S. SEX 6. COLOR OR RACE TOUGHT ON THE COUNTRY WILDOWS DIVORCED, WILDOWS DIVORCED DIV		11112 010 )		OF	
Male White (Specify) Widowed 1/10/68 87 yrs. Months Days Hours Min.  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refined) Collector  10b. KIND OF BUSINESS OR INDUSTRY  Maryland  11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  USA  13. FATHER'S NAME  JOSEPH POIST  14. MOTHER'S MAIDEN NAME  Anna Becker Taylor  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, cytuch). (If Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  WAS MAMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S)  OUE TO  OISEASES OR CONDITIONS, IF ANY, (B)  OISEASES TO THE ABOYE CAUSE  OISEASES TO THE ABOYE CAUSE  OISEASE TO THE ABOYE CAUSE  OISEASE TO THE ABOYE CAUSE  OISEASE OR CONDITION COUNTRIBUTING Manic depressive psychosis, mixed type  60 years  10. MINER SIGN CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  60 years  12. ACCIONT WAS UNDERLYING CAUSE (A)  13. ACCIONT WAS UNDERLYING DEATH.  14. ACCIONT WAS UNDERLYING DEATH.  15. MEDICAL CERTIFICATION  OISEASE OR CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  60 years  60 years  60 years  60 years  61 ACCIONTING UNDERLYING DEATH.  62 ACCIONTING CAUSE OF DEATH  63 AND CONTRIBUTION COURTED THE DISTANCE OF T	ดู ดุละทุน			alin	
Male White Ispecify Widowed 1/10/68 87 yrs.  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even H refliced) COllector  13. FATHER'S NAME  JOSEPH POIST  15. WAS DECRASED EVER IN U. S. ARMED FORCES? (Yas, no, oc, unk.) (If Yes, give wer or deles of sarvica) UNKNOWN  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS, IF ANY, (B) GRINDLES (A)  DISEASES OR CONDITIONS, IF ANY, (B) GRINDLESS OR CONDITIONS, IF ANY, (B) GRINDLESS (A)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  DISEASE OR CONDITIONS DIRECTLY LEADING FORCES? (Contributions) UNE TO DISEASE OR CONDITIONS, IF ANY, (B) GRINDLESS (CONTRIBUTING DISEASE OR CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  DISEASE OR CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  21e. ACCIDENT WAS UNDERLYING CAUSE (A)  21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bidg., etc.]  21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY of Injury occur?  White of NJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR?  White of NJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR?  White of NJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR?  White of work of well well well well well well well work of well well well well well well well wel	RACE WIDOWED, DIV	ORCED.	OF BIRTH 9.	AGE last birthday	
10b. KIND OF BUSINESS   11. BIRTHPLACE (Slale or foreign country)   12. CITIZEN OF WHAT country?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL	Male White (Specify) Wi	dowed 1/10	/68	87 yrs.	Motions Days Hours Mitt.
Table   Taylor   Ta			11. BIRTHPLACE (Slale or foreign	country)	12. CITIZEN OF WHAT
13. FATHER'S NAME  JOSEPH POIST  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unk.) (If Yes, give wer or deles of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HADDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH ONSET A		AA !	Marvland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or, unk.) (If Yes, give wer or deles of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ULLIAN SIGNIFICANT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  OISSASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  M. et work  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN  ONSET AND DEATH  ONSET AN		7.670		ME	VOX
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or deles of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  OISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  60 years  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  M. et work  AN EDICAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN  ONSET AND DEATH  ON	Joseph Poist		Anna Becl	ker Taylor	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ### IMMEDIATE CAUSE  ANTICCEDENT CAUSE(S)  OUS TO  OISSEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TO THE ABOVE CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING 121b. PLACE (Home, farm, fectory, OF CONTRIBUTING CAUSE OF DEATH  OF INJURY strate, office bidg., etc.]  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While M. el work 121b. PLACE (How DID INJURY OCCUR? While P work 121b. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  While P work 121b. HOW DID INJURY OCCUR?		SOCIAL SECURITY NO.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4 46 X IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  OCCURRED  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING MANIC depressive psychosis, mixed type  60 years  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21e. ACCIDENT WAS UNDERLYING 2 CAUSE (Home, farm, fectory, or contributing 2 CAUSE OF DEATH 2 Three, office bidg., etc.)  OF INJURY straet, office bidg., etc.]  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  White Not white et work  21f. HOW DID INJURY OCCUR?	(Yas, no, or unk.) (If Yes, give wer or deles of service)	Efrak.			
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  OUE TO  OISEASES OR CONDITIONS, IF ANY, (B)  STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR FINDINGS OF OPERATION  200. AUTOPSY7  YES NO  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 210. INJURY OCCUR? (City or town) (Stata)  While While et work 210. HOW DID INJURY OCCUR?	E DISCUSSE OF COMPUTANTS OFFICERY LEADING TO BEATTH	18. MEDICAL CER	TIFICATION		
ANTECEDENT CAUSE(S) DUE TO  OISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  21e. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCUR?  While et work   21f. HOW DID INJURY OCCUR?  While et work   21f. HOW DID INJURY OCCUR?		I'm blimage Da	belove.		ONSET AND DEATH
OISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY Street, office bidg., etc.] 2111. HOW DID INJURY OCCUR? While et work 2111. HOW DID INJURY OCCUR?	4-4-6 A IMMEDIATE CAUSE (A)	MANINIVILLE	14-343		Yellers
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY Street, office bidg., etc.]  217. HOW DID INJURY OCCUR? While of work 217. HOW DID INJURY OCCUR? While et work 217. HOW DID INJURY OCCUR?	ANTECEDENT CAUSE(S) DUE TO	1			/
STATING UNDERLYING CAUSE LAST. DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  21e. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCUR? While et work   21f. HOW DID INJURY OCCUR? While et work   21f. HOW DID INJURY OCCUR?	DISEASES OR CONDITIONS, IF ANY, (B)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Manic depressive psychosis, mixed type  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURED While et work 21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  While et work 22f. HOW DID INJURY OCCUR?	STATING UNDERLYING CAUSE LAST. DUE TO				
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO   21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c. INJURY OCCUR? While et work 21c. HOW DID INJURY OCCUR? While et work 21c. HOW DID INJURY OCCUR?		n denmocrático	nerrohonia mimo	2 +	60
196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES NO    216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   216. NJURY straet, office bidg., etc.]  216. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   216. INJURY OCCUR? (City or town) (County) (Stata)    217. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    218. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    219. Major Finding OF OPERATION   216. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. AUTOPSY? YES NO    210. AUTOPSY? YES NO    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)    210. WHERE DID INJURY OCCUR? (City or town) (County) (Co	TO THE DEATH BUT NOT RECATED TO THE	c debiasaine	hayenosts, mixed	ı cy he	oo years
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING AUSE OF DEATH OF INJURY Street, office bidg., etc.]  [IF EITHER, NOTIFY MEDICAL EXAMINER]  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURED While et work 21f. HOW DID INJURY OCCUR?		OF OPERATION			20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.]  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white et work   M. et work   M. et work					YES 🔀 NO 🗌
M. et work Not white	OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, o		21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (Stata)
M. el work L			21f. HOW DID INJURY OCCUR?		
22. I hereby cortify that I attended the deceased from 9/29 19.55 to 11/9 19.55 that I last saw the deceased					
The state of the s	22. I hereby certify that I attended the decea	sed from9/29	, 19.55 , to 11/5	2 19.55.	, that I last saw the deceased
alive on	alive on 11/9 19.55 and	that death occurred at	10:05AM, from the cau	ses and on the d	late stated above.
SIGNATURE (Street, city, town, state) DATE SIGNED	SIGNATURE ()	211	ADDRE	SS (Street, city, town	
WAMAN A JAMANAMA M.o. Sykesville, Maryland 11/9/55	Wallet A Join 2011	Mh M.D.	Sykesy	lle. Marvi	land 11/9/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMETERY OR C		NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	
Burial 11-11-55 Souten tack Ballinger, ml.		Douton	Tack	Ballin	rice. mr.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS				and the second s	N. S.
DATE THON 9 1955 N. SHIRLEN TILLE STORAGE Pack 5305 Harface 13	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S, SIG	ENATURE	ADDRESS

The bottom copy may be retained by the hospital or attending physician, TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. PE ATTITIONS

A15C 1-55 10M

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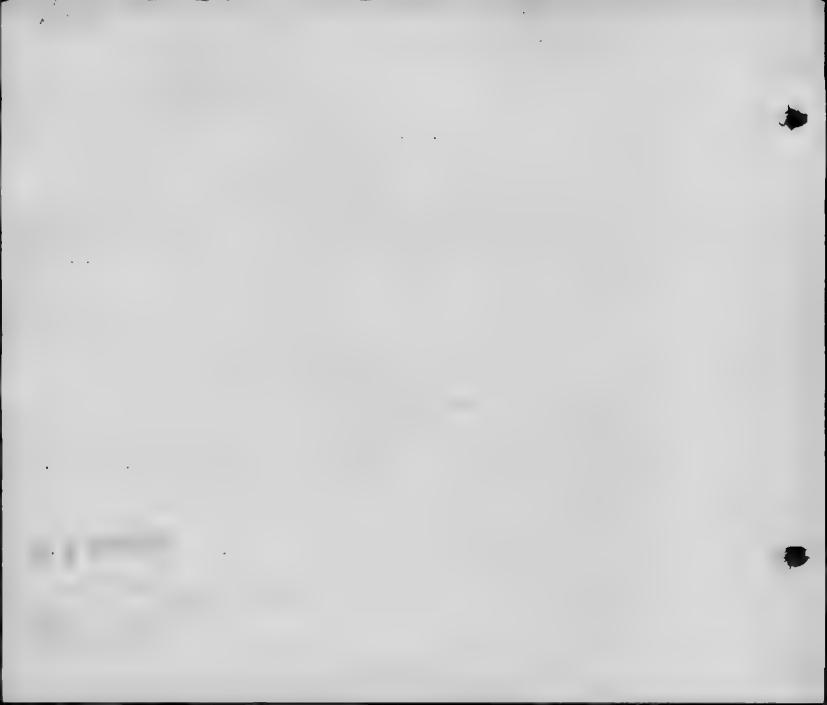


MARILAN	DSTATE	DEPARTMEN	(I Or	REALIR-	-DALII	MURE,	18	
MEDICAL	EXAM	INER'S	CRE	PTIRICA	APE	OF	DEATE	r

/t3	MARYLAND STATE DEPARTMENT OF I	HEALTH—BALI	IIMORE, 18	K	leg. Dist.
correct	MEDICAL EXAMINER'S CER	TIFICATE	OF DEA	ATH N	No. 74
10	I. PLACE OF DEATH:	2. USUAL RESIDENC	E (HOME) OF DECE.	ASED:	
The ly.	county Carroll Maryland	_ state Maryl	and county M	ontgomer	У
carefully. The	CITY (If outside corporate limits, write RURAL Corporate limits, write RURAL (in this place)  TOWN Sylvesyille LENGTH OF STAY (in this place)	OR	Crosso	URAL and g	ive nearest town)
nd	HOSPITAL OR	STREET	(If rural, give	location)	
2 4 V	TNSTITUTION OR STREET ADDRESS Springfield State Hospital	ADDRESS			V'
information death clearly	3. NAME OF (First) (Middle) DECEASED: (Type or Print) NILLIS ALBERT	(Last)	4. DATE (Mont OF DEATH 77	, , ,	(Year) I9 ぱぱ
inford death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9.	AGE last birthday:		R IF UNDER 24 HRS.
des des	Male Wilte (Specify): Separated	5-27-82	(3 yrs		ITIZEN OF WIIAT
every item of i	work done during most of work life, even if retired): Handyman	Maryland	(State or foreign cou	C	J.S.A.
nse ii	13. FATHER'S NAME:	14. MOTHER'S MAID	EN NAME:		
55	Fillmore Poole	Maggie			
y ever	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & AI	DDRESS:		
te y	No service) U-mh -	Fospital red	cords		
Supply write		AL CERTIFICATION		1	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				ONSET AND DEATH
INK.	Immediate cause (a) Bilateral Broncho	pneumonia			3 days
N S S	Antecedent cause(s) Diseases or conditions, if any. (b) Pulmonary inforct	. right lower	lohe		.5 days
I Die	Diseases or conditions, if any, (b) I WARROWELLY I THE CO.  giving rise to the above cause DUE TO	g Latina andman.	ne depringing that year. In		· · · · · · · · · · · · · · · · · · ·
E A Sign	He stating underlying cause last (c)				
MAKGIN KE, UNFADING Physicians:	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Ps	vchosis, simn	lo deteriorat	ion.	5 vrs. +
WITH ortant.	198. DATE OF OPERATION: 196. MAJOR FINDING OF OPERATION:	Water to the same of the same		1	20. AUTOPSY?
₽¥					Yes 🖺 No 🗀
Y, WITH	21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ OF DEATH.  21b. PLACE (Home, farm, factory, of street, office bidge, etc. INJURY ☐ OF OPICE OF	21c. (City or town			(State)
N N	PRIMARY [] or CONTRIBUTING [A]  OF street, office bldg., etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	Sykesvi		ו רו	Jaryland
AI	OF INJURY 77 3 55 M. work at work of at work		fell. Fractur	ed rich	t hin
FE PLAINLY, especially imi	22. I hereby certify that I took charge of the remains describ				
년 <u>8</u>	find that death resulted from: Natural causes [], Accid				
ZZ:	SIGNATURE S	CHIEF DEPUT	MEDICAL EXAMINE Y MEDICAL EXAMINANT MEDICAL EXAMINANT	R D	DATE SIGNED
% ₹	As mes J. March				ון_יל_לל
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER NAME OF CE	Wethrolist	Colar Str	own, or coun	nd
E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 29	24 FUNERAL DIRI	1 1 7/	)	ADDRESS
Pi	175). 14,1955 C. Harry Well	July L.	Johnson F	amaseu	y mal

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



**INSTRUCTIONS** 

TO FUNERAL EMETTOR. The law requires that the leath certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attention physician and nometerly filled in by the funeral dimitor, the third crimy of this death certificate assembly should be discussed for use as a berial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

40000

10703

1. PLACE OF DEATH		1. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Carroll	MARYLAND	STATE Maryland COUNTY Carroll
C:TY (Il outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
× TOWN Gamber	Tife	TOWN Gamber X
HOSPITAL OR	D 3	STREET (If rural give location) ADDRESS
STREET ADDRESS T. TITLE DOUT P	R 1	Finksburg R l
S. NAME OF (First) DECEASED (Type or Print) Bessie	none Ra	(Lest)  4. DATE (Month) (Day) (Yeer)  OF  DEATH NOV. 19 1955
5. SEX 6. COLOR OR 7. SINGLE, MA Fenale White (Specify) 1/15	DIVORCED A	OF BIRTH  9. AGE less birthdey  1 FUNDER 1 YEAR  4 Hours M  70 yrs.  Months Days Hours M
dona during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Siete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
refired) House wife (	Own Home	Carroll County, Md.   USA
Francis B. Yii	ngling	Anna E. Harry
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION INTERVAL BEDWEEN ONSET AND DEATH
420, / IMMEDIATE CAUSE (A)	roronas	y promtosis total
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)		
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<del>(8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</del>	
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION	20 AUTOPSY? YES NO
	ume, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 2	te. INJURY OCCURRED Vhile Not while I work at work	21. HOW DID INJURY OCCUR?
22. I hereby cartify that I attended the de-	ceased from//- 8 -	3195, 10/1-19, 19.33, that I last saw the decease
11 .0 - 1-7	· ·	at // 32M, from the causes and on the date stated above.
BIGNATURE	281	Real ADDRESS (Sewi, city, town, stets) DATE SIGN
23. BUPPAL, CREMATION, REMOVAL (SPECIFY)	M. D.	CREMATORY LOCATION (\$119, town or bunty) (Stele
Barial Nov.27.55		ter Temetery Westminster, Maryland
24. REC'D BY REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE // 2215 / storme?	" with	John R. Byers Westminster, Ad.

3 1

VS A15C 1-55 10M

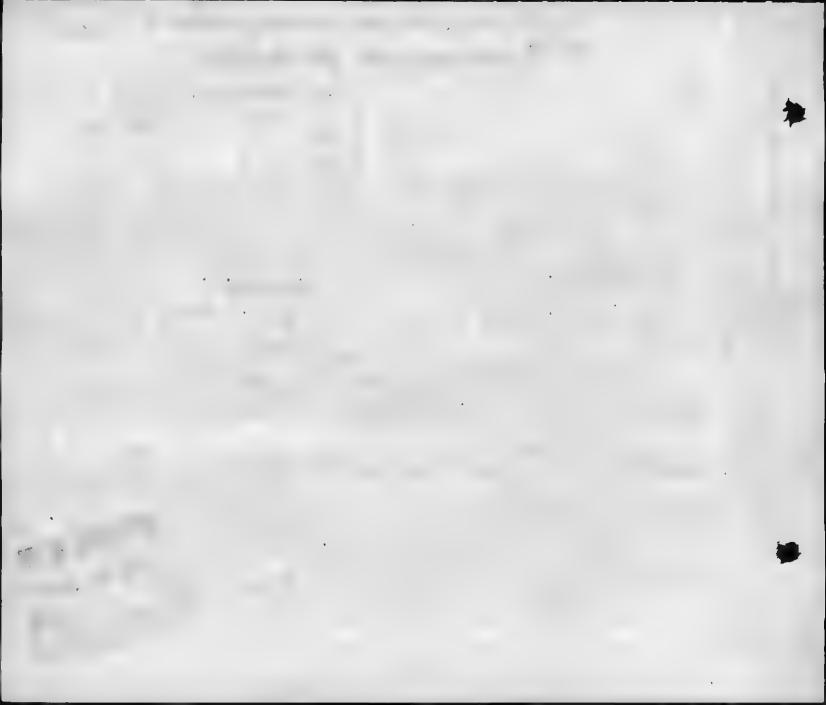
NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10699 CERTIFICATE OF DEATH

10704

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CARROLL MARYLAND	STATE Maryland county Montgomery		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest fown) [In this place]	CITY (It outside corporate limits, write RURAL and give nearest town) OR		
X TOWN Rural - Sykesville 1Y 6M 13 D	Rethesda 152.2		
HOSPITAL OR	STREET (Il turel give location) ADDRESS		
/S STREET ADDRESS Springfield State Hospital	107 Wooten Avenue		
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yest)		
(Type of Print) WILLIAM LUCIEN	PAWLINGS DEATH 11 21 19 55		
5. SEX   6. COLOR OR   7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,			
Male White (Specily) Divorced 3/16	/05 50 yrs. Months Deys Hours Min.		
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if OR INDUSTRY refired Truck Helper; Taxi driver	Washington, D. C. USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William F. Rawlings	Anne Y. Flanagan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or ynk.) (If Yes, give wer or detes of service)	Record, Springfield State Hospital		
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Progressive		
473 X IMMEDIATE CAUSE (A) <u>Rilateral pulmona</u>	ry artery thrombosis 3 - 4 days		
ANTECEDENT CAUSE(S) DUE TO	Admir		
DISEASES OR CONDITIONS, IF ANY, (B) DILATERAL SUPPLIES	tive pneumonia, type undetermined 2 weeks		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Phyonic breain care	drome associated with presentle		
TO THE DEATH BUT NOT RELATED TO THE brain disease, with	psychotic reaction 6 years?		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
De Legger V 1446 Abspertiuse Co. L. 201 Chief (II)	YES NO (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)			
[IF EITHER, NOTIFY MEDICAL EXAMINER]   HOSDITAL   21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21e. INJURY OCCURRED	Sykesville Carroll Md.		
10/22/55 2:30 AM M. While of work at work	Pt. fell to floor in toilet		
	, 1955, to		
alive on 11/21, 19.55, and that death occurred at			
f. SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED		
Walthis D. Samursefell Mo.	Sykesville, Maryland 11/21/55		
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR			
REMOVAL (SPECIFYY)	hier the alles beautiful of P		
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE 11- 22-55 P. Thraken 71/110	311 R. Shantson 14 Sim		
	1732		
	5 12 Ma. Cent M. W		



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certificate assembly should by

certificate

death

FUNERAL DIRECTOR: The

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 19708 CERTIFICATE OF DEATH

10705

Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Maryland Corrol] Carroll COUNTY COUNTY MARYLAND (Il outside corporate limits, write RURAL Ilf outside corporate limits, write RURAL and give neerest town) LENGTH OF STAY OR and give neetest town! (in this place) TOWN Lestminster TOWN lmonth 5days Sykesville HOSPITAL OR STREET (It rural give location) ADDRESS INSTITUTION OF STREET ADDRESS Springfield State Hospital R. F. D. #1 (Middle) (Lost) 4. DATE Month (Year) 3. NAME OF DECEASED OF (Type or Print) DEATH 19 55 CARPOLL REESE ARTHUR 5. SEX COLOR OR SINGLE, MARRIED B. DATE OF BIRTH 9. AGE fast birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED RACE Months Days (Specify) Male White Married 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) OR INDUSTRY done during most of working life, even it COUNTRY? H.S.A. Salesman Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Peter Reese Mary Amanda Lowe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) Hospital records INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Suppurative Nephritis IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) Obstruction of Ureters by stones DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Carcinoma DUE TO of Prostate with metastases to bones 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain syndrome associated the new growth, with psychotic reaction. TO THE DEATH BUT NOT RELATED TO THE li months DISEASE OR CONDITION CAUSING DEATH. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO 21c. WHERE DID INJURY OCCUR? (City or town) 21. ACCIDENT WAS UNDERLYING I 21b. PLACE (Home, farm, factory, (County) (Stele) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) 21a. INJURY OCCURRED (Hour) While Not while

22. I hereby certify that I attended the deceased from 7-1 , 19.55, to 11-6, 19.55, that I last saw the deceased A15C 1-55 10M

and that death occurred at 3:15PM, from the causes and on the date stated above.

DATE THEREO

M.D. Springfield NAME OF CEMETERY OR CREMATORY

State Hospital - Sykesville 11/6 LOCATION (City, fown, or county)

ADDRESS (Street, city, town, state)

FLINERAL DIRECTOR'S SIGNATURE

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

The bottom copy may be retained by the hospital or attainment the filled with TO FUNERAL DIRECTOR: The law requires that the death certificate has been executed by the attending physician and compretely filled certificate has been executed by the attending physician and compretely filled the filled that has been executed by the attending the second that the second

V\$ A15C 1-55 10M

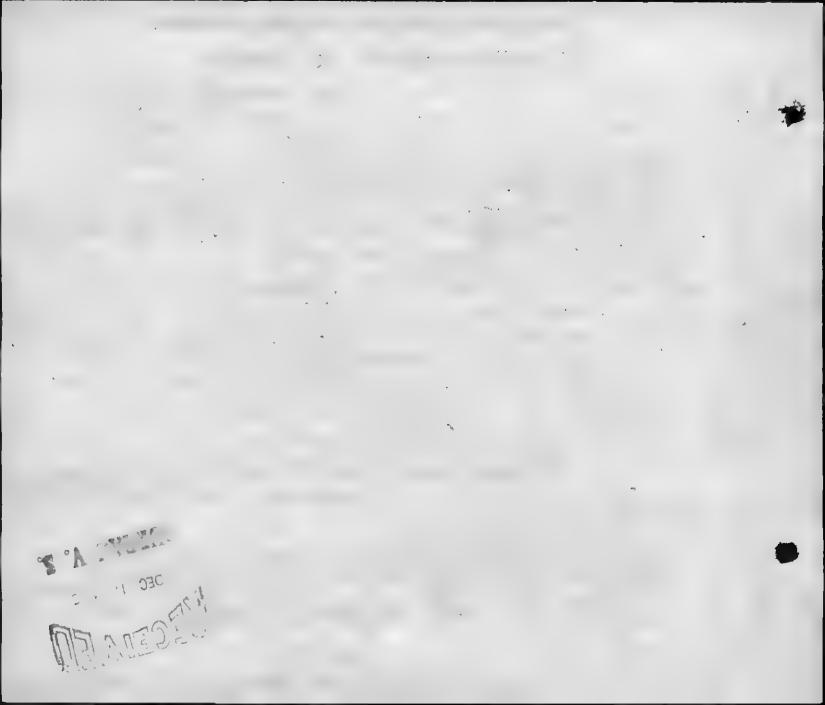
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10701 CERTIFICATE OF DEATH

11805

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CARREL MARYLAND	STATE Mackerulcounty Carnel
CITY (If putside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (Il outside porparete limits, write RURAL end give naerest town) OR
OR mo give nearest town) (In this place)	TOWN Present X
HOSPITAL OR	STREET (II rure) grey facetion)
INSTITUTION OR FATHER 130 Describe Pet	ADDRESS AS Beeldware 10. Rd
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	Pill DEATH November 30 1915
5. SEX 6. COLOR OR 7. SINGLE, MARMSO, 8. DATE OF	
MARIE THE WIDOWED BY ORCED, (Specify) On	12/2 1868 12 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or loveign country)   12. CITIZEN OF WHAT
done durges nost of working life, even if OR INDUSTRY	Occupants of
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Pariel W. Rite	many Ellen Belda
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMATH & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	mis Toosel Rill; Hampshood my
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INVERVAL BETWEEN
	Good wind Coult
420.1 IMMEDIATE CAUSE (A)	Comming, Course
DISEASES OR CONDITIONS. IF ANY, (B)	Wearl dealine.
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	mesticanditi.
TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	. /
DISEASE OR CONDITION CAUSING DEATH.	,
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
THE ACCIDENT WAS INDEDIVING THE 2th BLACE (Home for largery	c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21b. PLACE (Home, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCURY (CITY OF FOWN) (COUNTY) (STORE)
3a/Sila Ni-butila	II. HOW DID INJURY OCCUR?
M el work - al Vork	
22. I hereby certify that I attended the deceased from Decly 20	, 19 J , to NOV 30 , 19 J J , that I last saw the deceased
alive on Mo Z Z J , 19 J J , and that death occurred at.	
SIGNATURE ()	ADDRESS (Street, city, lown, stete) DATE SIGNED
south Bush M.O.	Varmbalund Med 10V 30, 1957
26. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	REMATORY LOCATION (City, town, or county) (State)
Burial 12.3.55 Hamps	tidd Karial al Mit
24 REC'D BY REGISTRAN REGISTRAN'S SIGNATURE	36- FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / NT HELLY A CELLS	whell enjoyed Hampstend My



INSTRUCTIONS

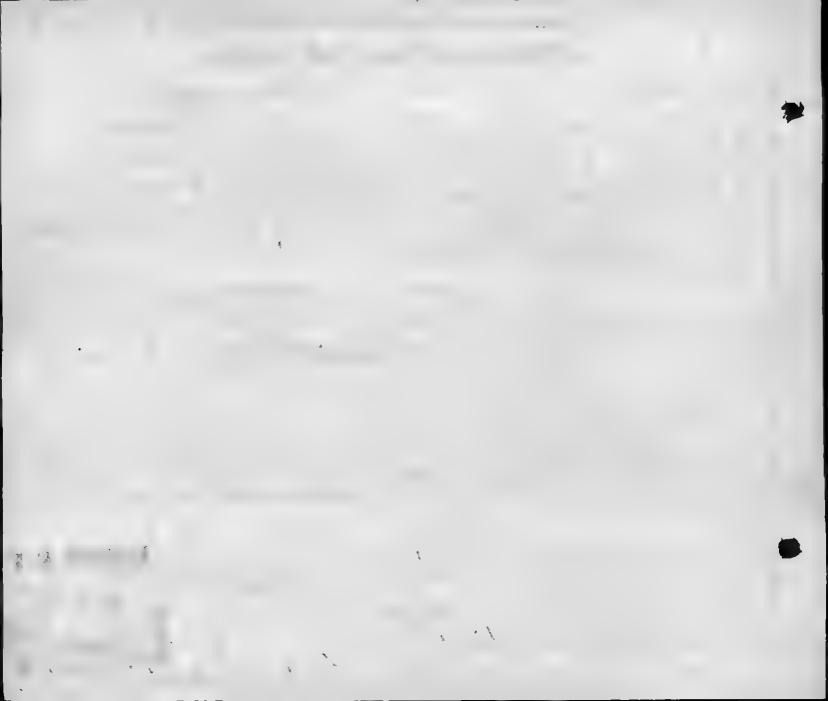
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

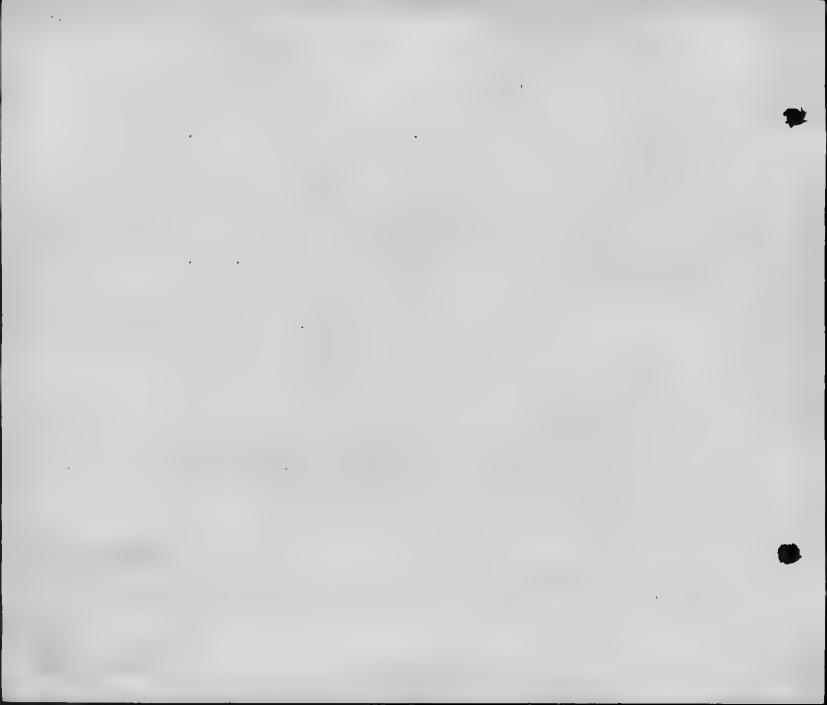
## 10702 CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CANTOLL	STATE MANYLAND COUNTY		
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (Il outside chrorete limits, write RURAL end give neerest town)		
OR end give neares) town) (in this plees)	TOWN BOUT MARKET		
3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	p 90000111111111111111111111111111111111		
HOSPITAL OR Springfield State	STREET (Il sural giva focation) ADDRESS / 7 ( /		
STREET ADDRESS 1 11 HOSbital	11/ S. Amm Stroot		
3. NAME OF STY A THE STATE OF THE MANAGER /	(Lest) 4. DATE (Month) (Day) (Yaar)		
DECEASED WLADYSLAWA SENDERS (CALKA	DEATH // 2,4 -5		
- Orece a Sunaces	7 27 450		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	7		
Asmall while (Specify) marriage .	Z 1897 Annths Days Hours Min.		
JOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
dona during most of working life, even if OR INDUSTRY	Pulparil country?		
- MININEWIAL	waria int knows		
13. FATHER'S NAME WINCED TY KALICINSKI	14. MCTHETHE CRABOSZ		
not known	MIC BURGON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yaé, no, or unk.) (If Yas, give war or detes of service)			
T COVE	Mr. STANISLAUS SELDERS 117 S. Ann St		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
289.0 IMMEDIATE CAUSE (A) IN UR S ON S.	10001		
28 7.0 IMMEDIATE CAUSE (A)	ewse jonn 1		
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rentiq: Prick's disease 10 mo+		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rentia: Inclus disease 10mo+		
I 178, DATE OF OPERAL ON THE TYPE, MAJOR PINDINGS OF OPERALION	20. AUTOPSY?		
11-12-55 Anh-willpharogram	· Ticks disease YES \ NO \		
21e. ACCIDENT WAS UNDERLYING []   21b PLACE (Home, form, factory.   2	RIC. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)			
	21f. HOW DID INJURY OCCUR?		
Whila Not while			
M.   et work			
22. I hereby certify that I attended the deceased from	19.5, to. 11		
alive on 11 - 223 , 19 , 55 and that death occurred at			
SIGNATURE 1.	ADDRESS (Street, city, town, state) DATE SIGNED		
Walther H. Somen felds no. 3	pringfilled state dospoital 11/24/55		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CLEMATORY   LOCATION (City, town, for county) (State)		
1 P 1 28 100 11 1 Da	And Parto Court		
REC'D BY REGISTRAR   REGISTRAR'S S GNATURE	2 PUNERAL DIRECTOR'S SIGNATURE ADDRESS		
A 2	TOTAL DIRECTOR'S SIGNATURE		
DATE. Charry Terry	John h. Weller uns I Chister of		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: The St COUNTY Carroll STATE Maryland COUNTY Montgomery MARYLAND carefully. LENGTH OF STAY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN Rural - Sykesvi 20 days TOWN Silver Spring. C HOSPITAL OR STREET (If rural, give iocation) INSTITUTION OR ADDRESS information death clearly STREET ADDRESS 3408 Glorus Place (Middle) 4. DATE 3. NAME OF (Last) (Month) (Day) (Year) DECEASED: (Type or Print) DEATH Mary Fllen Schade 19 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | 5. SEX: IF UNDER I YEAR! IF UNDER 24 HRS WIDOWED, DIVORCED. RACE: (Specify) : 1. 10b. KIND OF BUSINESS OR of 11. BIRTHPLACE 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT (State or foreign country): ly every item work done during most of work life, INDUSTRY: COUNTRY? even if retired); Housewife Washington, D. C. USA 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Patrick Hurley Catherine McCarty 15 WAS DECEASED EVER IN U.S. ARMED FORCES ?! 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO .: (Yes, no, or unk,) (If Yes, give war or dates of service) Suppl no Record, Springfield State Hospital 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. (a) .... Pulmonary Embolism .... Immediate cause ರ Anteccdent cause(s) DIN Arteriosclerotic Heart Disease Years (b) . Diseases or conditions, if any. MARGIN giving rise to the above cause DUE TO stating underlying cause last 6 days Fracture, right femur IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Brain Syndrome associated with 6 years TO THE DEATH BUT NOT RELATED TO THE CHRONIC Brain Syndrome associated with DISEASE OR CONDITION CAUSING DEATH. Circulatory Disturbance, cerebral arteriosclerosis, 192. DATE OF OPERATION: 193. MAJOR FINDING OF OPERATION: With Psychotic reaction | 20. AU 20. AUTOPSY? Yes M No 21a. EXTERNAL CAUSE WAS 21c. (City or town) (County) (State) 21b. PLACE (Home, farm, factory, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, office bldg., etc., INJURY hospital Sykesyille Carroll 21d, TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Patient either was Not while pushed or fell to floor M work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and 圍 find that death resulted from: Natural causes  $\Box$ . Accident  $\Box$ . Suicide  $\Box$ . Homicide  $\Box$ . Undetermined cause  $\Box$ . SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER W ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify): V EA DATE REC'D BY LOCAL REGISTRAR'S ADDRESS



Burial (Specify)

Taneytown, Carroll Co., Md.

### 10704 CERTIFICATE OF DEATH

of Blet No. 170

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED-1. PLACE OF DEATH. Carrolqunty COUNTY Carroll Maryland MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) town (in this place) Taneytown TOWN HOSPITAL OR INSTITUTION OR (If rural, give location) STREET ADDRESS 12 Middle Street 12 Middle Street STREET ADDRESS 4. DATE 3. NAME OF (Month) (Year) DECEASED Shaum Helen Elizabeth DEATH 19 (Type or Print) 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Karried 9. AGE last birthday | If under, I year | If under 24 hrs 5. SEX 6. COLOR OR RACE A. DATE OF BIRTH Months. Days | Hours | Min. White Female 11. BIRTHPLACE (State or foreign country) Ioa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Housework, Housewille Himpstey Her own home COUNTRY? Littlestown, Pa. 14. MOTHER'S MAIDEN NAME IS. FATHER'S NAME Mary Staley William Wisotzkey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Francis E. Shaum) (Yes, no, or unknown) | (If year, give war or dates of Prancis & Shaum, Taneytown, Md. None I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ( ) acute Cormany arting occlusion Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not While Work | INJURY At work 22. I hereby certify that I attended the deceased from Vec., 1950 to Urr., 1955, that I last saw the deceased 1955, and that death occurred at . 10:10 m., from the causes and on the date stated above. alive on ..... ADDRESS DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) 23. BURIAL, CREMATION

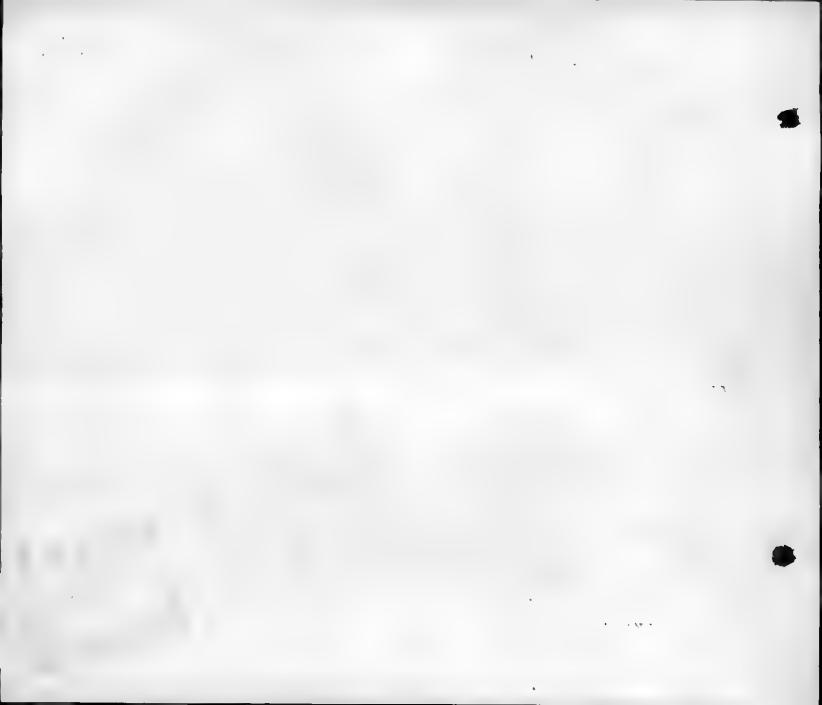
St. Josephs Cemetery

£ ...

MARGIN RESERVED FOR BINDING







NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10707 CERTIFICATE OF DEATH 10711

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ARRCLL MARYLAND	STATE M.D. COUNTY CAPPOLL
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outs de corporate fimits, write RURAL and give nearest town)
X OR and give nearest fown) (in this place) 75 7 R3.	TOWN BURINL WEST MIDISTER X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R	ADDRESS AD . I A. 9 (Il rural giva location)
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED FR.SEY	(Last) 4. DATE (Month) (Day) (Yaar) OF DEATH () - 20 - 55
S. SEX. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, Specify C 1= JAN-	21-1880 75 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most, of working life, even if	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FIRM LABORER ACRICULTURE	LIS.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGEA. UTZ	ISAVILLADNIDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, ng. or unk.) (If Yas, give war or datas of service)	17. INFORMANT & ADDRESS
NONE	THOMASE, UTZ WESTMINSTE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
420 / IMMEDIATE CAUSE (A) Coroccosco	y Theramperes 1/2 hr
ANTECEDENT CAUSE(S) DUE TO	takarikanikalist sisas Semeral
DISEASES OR CONDITIONS, IF ANY, (B) CULTULE VILLE STATING UNDERLYING CAUSE LAST, DUE TO	· a har
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	exit hoff thedeat
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH.	rations
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory,	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
While - Not while -	211. HOW DID INJURY OCCUR?
	1955, to 404 ZO, 1955, that I last saw the deceased
SIGNATURE , 19 Miles and that death occurred at	ADDRESS (Street, My, Jown, state) DATE SIGNED
Clylong face her M.D.	With turice to 1 Mid Wer 21-193
23. BURIAL, CREMATION, DAYE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BURIAL 11-22-1955 PACHMAN	NS VALLEY CAMINESTIMINSTER YO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE! / 3 3 July 70 VIII / 12 Clair /	4) anchard 4 on Westmenster and.



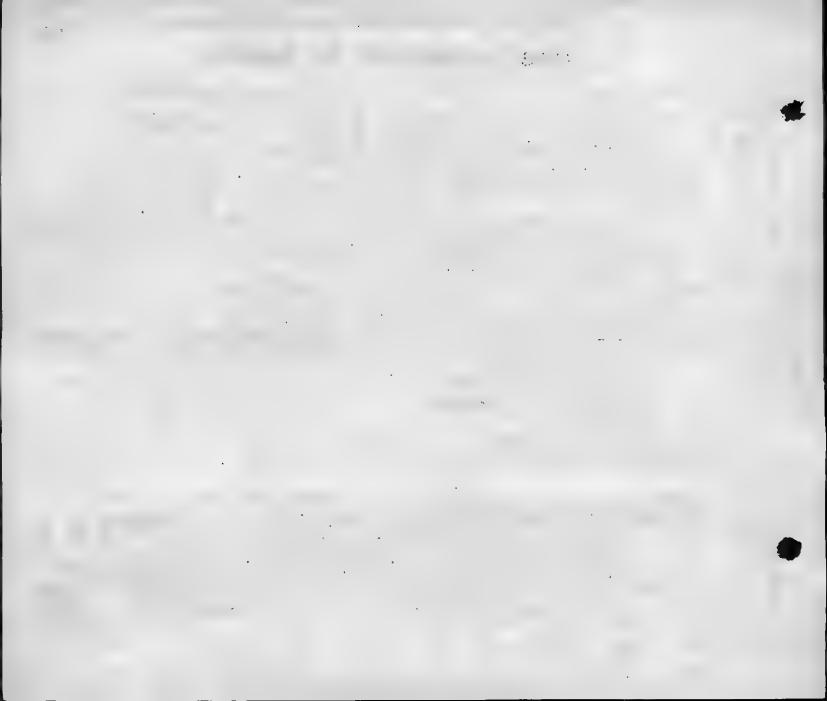
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## 10708 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
county Carroll	MARYLAND	STATE Mary	STATE Maryland county		
CITY (If outside corporate limits, write RURAL OR and give negrant town)	LENGTH OF STAY	CITY (il outside corporate limits, write RURAL and give nearest town)		arest town)	
OR and give nearest town!  X TOWN Rural - Sykesville	since 7/28/	Baltimore City 370		3 Y 21 - 40	
HOSPITAL OR	1021100 1/20/.	STREET	(Il rurel give focetion		
15 STREET ADDRESS Springfield Stat		ADDRESS 516 N	I. Curley Street	#5	
3. NAME OF (first) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)	
(Type or Print) Woodrow	Paul -	WALSON	DEATH NOV.	2 19 55	
S. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, B. DATE	OF BIRTH 9	. AGE lest birthday   IF UNDE	R 1 YEAR IF UNDER 24 HRS.	
male white specify	DIVORCED, Single May	11, 1907	48 yrs. Months	Days Hours Min.	
10s. USUAL OCCUPATION (Give kind of work dona during most of working life, even if	KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT	
retired) Painter	or industry ainting	New Jersey	T	COUNTRY? Inited States	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
James Walson		Anna Dejoy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (# Yes, give wer or detes of service)	TOTAL CONTRACTOR	- Records of	Springfield Sta	te Hospital	
	18. MEDICAL CE		I a man a ma	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH			ONSET AND DEATH	
47 1/X IMMEDIATE CAUSE (A) Bro	nchopneumonia			6 days	
ANTECEDENT CAUSE(S) DUE TO					
GIVING PISE TO THE ABOVE CALLSE	ip <b>l</b> egia		more th	an 5 years	
STATING UNDERLYING CAUSE LAST.					
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE PSY	chosis with cer	rebral arterios	lrosis	more than	
194. DATE OF OPERATION / 196. MAJOR FINDING				b years	
				YES NO	
216. ACCIDENT WAS UNDERLYING 216. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY SITES (IF EITHER, NOTIFY MEDICAL ENAMINER)	ome, farm, factory, et, office bidg., etc.)	21c. WHERE DID INJURY OCCUR	(Cou	nty) (Slate)	
	Tie. INJURY OCCURRED	21f. HOW DID INJURY OCCUR			
	Vhile Not while twork at work				
22. I hereby certify that I attended the de	ceased from NOV 3	) 19.50 to Nov.	lst 19.55 that I	last saw the deceased	
alive on NOV. 1st., 19.55, a	nd that death occurred a	3:10PM, from the ca	uses and on the date state	ed above	
SIGNATURE		ADDR	ESS (Street, city, town, state)	DATE SIGNED	
much's over h. D. Mart	in Gross, M.D.	Svkesvill	e, Maryland	11/2/55	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, lown, or count		
Bureal 11-5-5	Moula	see filly	Trall min	u la mil	
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATU	IRE	25. FUNERAL DIRECTOR'S S	GNATURE	ADDRESS	
That 2 16755 1 . 7 . 7 1.	care Toleral	- 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10 00/1/1	1 1 1 11/2 7/4 109	



### 10709 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2, USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CATTOIL MARYLANE	state Maryland county Baltimore Gity 311
CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (If outside corporate limits, write RURAL and give nearest town)
OR and ofve nearest town)  YOWN Sykesville  10 days	
HOSPITAL OR	STREET (If rure) give location)
5 STREET ADDRESS Springfield State Hospital	ADDRESS 1808 Wendover Rd.
3. NAME OF (First) (Middle) DECEASED (Type or Print) Gertrude	ockenfuss  4. DATE (Month) (Day) (Year) OF DEATH 11 29 1955
PACE WINOWED DIVORCED	DATE OF BIRTH  9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT  U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Miller	Louise Hembold
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give wer or deles of service)	17. INFORMANT & ADDRESS Mrs. Sedall Moore (daughter 6307 Eastern Parkway Baltimore 14, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
0.7	ar accident (Hemorrhage) days
	days
	arteriosclerosis cardio-vasc disease years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING C. B. 6. associate to the death but not related to the disease or condition causing death. With psychotic re	ted with cerebral arteriosclerosis, years
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
as a company was a light of the company of the comp	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21e, INJURY OCCURED While Not whith M. et work et work	
22. I bereby certify that I attended the deceased from 30	1-19, 155, to 11-29, 155, that I last saw the deceased
alive on 11-29- , 1955 , and that death occur	urred at 7.a.25 D.M., from the causes and on the date stated above.
SIGNATURE   / A.A.A	ADDRESS (Strasl, city, town, stele) DATE SIGNED
Walker H. Sommenselle M	Springfield State Hospital. 11-29-55
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 12-2-3 BRI	25. FUSIERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  DATE HOU. 30, 1955 C. HARVEY WILLIAM	25. FUSERAL DIRECTOR'S SIGNATURE ADDRESS
THE WALL AS I WAS A COMMENT OF THE PARTY.	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 10710 CERTIFICATE OF DEATH

Reg. Dist. No.75

		Z OI DEIII	Keg. Dist. 1	NOJ
COUNTY DEATH OTHER	MARYLAND	2. USUAL RESIDENCE (11	OME) OF DECEASED.	Towarde
CITY (If outside corporate limits, write OR give to cost town)	RURAL and LENGTH OF STAY (in this splace)	OR TOWN	te limits write HORAL and	give nearest town)
HOSPITAL OR INSTITUTION OR MANAGEMENT	ester had # 1	STREET ADDRESS	(If rural, give focation)	1
3. NAME OR (First) DECRASED (Type or Print)	(Middle)	Kugling	4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RA	7. SINGLE, MARRYOD, WIDOWED, DIVORCED, (Specify)	8. DATE OF BEETH	9. AGE last birthway If undi	er l year   If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of done during most of working life, exemif re		11. BIRTHDEACE (State or	foreign country)	COUNTRY)
13. FATHER'S NAME	sid ling.	14. MOTHER'S MAIDEN	NAME OF	
(Yes, no, or unknown) (If yes, give war or service)	dates of O COL	T. INFORMANT AND	ADDRESS A TOM	Eleterhod
I. DISEASES OR CONDITIONS DIRECT	18. MEDICAL CE	HELLICATION \	0.	INTERVAL BETWEEN ONSET AND DEATE
HH2X Immediate cause	arterio so	Gertie C	-V-R Disen	0 1040
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)			
11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causing	t not			
19a. DATE OF OPERATION   19b. MA				20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TO	OWN) (COUNT	Yes No STATE)
TIME (Month) (Day) (Year) (HOF INJURY		HOW DID INJURY OCC	URI	
22. I hereby certify that I attend	ed the deceased from	16940 to 11-19	, 19, that I last	saw the deceased
alive on 11-1 9 195	,,, and that death occurred at /.	r. 0	causes and on the date	
monung	med Will	Han	y strong m	11-21-50
23. BURIAL, CREMATION DART TI	2/1955 Benghu	ans Galley	OPATION (City, town, or got	CITIL
REG. NOV.2/-50 MM	WP. Denner	124. FUNERAL DIRECTOR	& Buckey y	Januar Ja

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

